# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to comple	te this form.	1 Filer ID (Ethics Commi 00068103		2 Total pages fil	led: 03
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE I	USE ONLY
OFFICEHOLDER NAME	The Honorable	Eugene Y.			Date Received  ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX	07/15/2025	
	Gene	Wu				
4 CANDIDATE /	ADDRESS / PO BOX; APT /	SUITE#; CIT	Υ;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER MAILING ADDRESS	5522 Jessamine				Receipt #	Amount
Change of Address	Houston, TX 77081					
	Tiodston, TX Troot				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST		MI		
TREASURER NAME	Mr.	Gerald M.				
	NICKNAME	 LAST		SUFFIX		
		Birnberg		33.1.17		
6 CAMPAIGN	STREET ADDRESS (NO PO I	DOV DI EACE):	A D.	Γ / SUITE #; CITY;	. CT/	ATE; ZIP CODE
TREASURER ADDRESS	843 W Friar Tuck	BOA PLEASE),	AP	173011E#, CITT,	317	ATE, ZIP CODE
(Residence or Business)	Houston, TX 77024					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE (713) 981-9595	E NUMBER E	EXTENSION			
8 REPORT TYPE	January 15	30th day before		Runoff	15th day after ca appointment (offi	ceholder only)
	X July 15	8th day before 6	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2025	TH	IROUGH	06/30/202	25	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year	Pi	rimary	Runoff	Other	
		G	eneral	Special		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	Γ (if known)	
	State Representative Distri	ct 137			tative District 137	
	1					
		GO T	O PAGE 2			

## CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 103

13 C / OH NAME	<b>14</b> Filer ID (I 00068103	Ethics Commission Filers)		
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without to deficeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THA ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
	5)	\$ 12,121.00		
EXPENDITURE TOTALS		\$ 0.00		
		AL EXPENDITURES		<b>\$</b> 84,978.54
CONTRIBUTION BALANCE	REPORTING PE			<b>\$</b> 22,956.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 10,000.00
<b>17</b> AFFIDAVIT		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
		The Hon	orable Eugene Y. Wu	I
		Signature of	Candidate or Officehold	der
AFFIX NO	TARY STAMP / SEAL AB	OVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
		ertify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

			C	OVER SHEET PG 3 3 of 103
	ER NAN ı, Euge	ME ne Y. (The Honorable)	<b>19</b> Filer ID 00068103	(Ethics Commission Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 12,121.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		\$		
4.		SCHEDULE E: LOANS		\$
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 84,978.54
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
12.	X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	<b>\$</b> 795.66

	MONEI	ARY POLITICAL CO	NIRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to	complete this forr	n.	1	Total pages Schedule A1: Sch: 1/19 Rpt: 4/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/27/2025	<ul><li>5 Full name of contributor</li><li>Adams, Karen</li><li>6 Contributor address; City; State</li></ul>	out-of-state PAC (ID#: ; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu Not Employe		9	Employer (See Instructions Not Employed	)		
	Date 06/30/2025	Full name of contributor  Andres, Leo  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Developer	Pation / Job title (See Instructions)		Employer (See Instructions Cogent People	)		
	Date 06/30/2025	Full name of contributor  Bai, Bruce  Contributor address; City; State	out-of-state PAC (ID#:; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Dringing agg	Austin, TX 78709 pation / Job title (See Instructions)		Employer (See Instructions			
	Realtor	pation / Job title (See Instituctions)		Self employed			
Date 06/30/2025		Full name of contributor  Barr, Christine  Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Teacher	Houston, TX 77084 pation / Job title (See Instructions)		Employer (See Instructions St. Pius X High School	)		
	Date 06/30/2025	Full name of contributor  Bautista, Kathy  Contributor address; City; State  Sugar Land, TX 77478	out-of-state PAC (ID#:; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Supply Chair	pation / Job title (See Instructions) n Specialist		Employer (See Instructions Axens North America	)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	INS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 2/19 Rpt: 5/103	
2	FILER NAME	V (The Henerable)			3	Filer ID (Ethics Commission	n Filers)
		Y. (The Honorable)			L	00068103	
4	Date 06/26/2025	<ul> <li>Full name of contributor</li> <li>Berel-Harrop, Sarah</li> <li>Contributor address; City; S</li> </ul>	out-of-state PAC (ID#:_	)	7	Amount of Contribution (\$)	\$70.00
		Farmers Branch, TX 7523					
8	Intern minist	pation / Job title (See Instructions er	5)	9 Employer (See Instructions TXUUJM	5)		
	Date 06/27/2025	Full name of contributor Berel-Harrop, Sarah Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$500.00
	Dringing! aggs	Farmers Branch, TX 7523		Employer (See Instructions	<u></u>		
	Intern ministe	pation / Job title (See Instructions er	) 	Employer (See Instructions TXUUJM	·)		
	Date 06/27/2025	Full name of contributor Bernstein, Alan Contributor address; City; S	out-of-state PAC (ID#:_	)	•	Amount of Contribution (\$)	\$36.00
		Bellaire, TX 77401					
	Principal occu	pation / Job title (See Instructions	3)	Employer (See Instructions	5)		
	communicati	ions consultant		self			
	Date 06/25/2025	Full name of contributor Buchanan, Bill Contributor address; City; S Victoria, TX 77904	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$100.00
	Principal occu Self	pation / Job title (See Instructions	5)	Employer (See Instructions Me	s)		
	Date 06/30/2025	Full name of contributor Cabrera, Cynthia Contributor address; City; S Buda, TX 78610	out-of-state PAC (ID#:_		•	Amount of Contribution (\$)	\$200.00
	Principal occu CSO	pation / Job title (See Instructions	s)	Employer (See Instructions Cynthia Cabrera	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	ONS			SCHEDU	LE <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	orm.		1	Total pages Schedule A1: Sch: 3/19 Rpt: 6/103	
2	FILER NAME					3	Filer ID (Ethics Commission	on Filers)
		Y. (The Honorable)	_			L	00068103	
4	Date 06/30/2025	<ul><li>5 Full name of contributor</li><li>Chen, Alison</li><li>6 Contributor address; City; S</li></ul>	out-of-state PAC (ID#:_		)	7	Amount of Contribution (\$)	\$1,000.00
		Houston, TX 77042						
8	Principal occu Attorney	pation / Job title (See Instructions	s)	9 Em Aki	ployer (See Instructions n	5)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/30/2025	Chen, Shane						\$100.00
		Contributor address; City; S	tate; Zip Code					
		Sugar Land, TX 77498						
		pation / Job title (See Instructions	s)		ployer (See Instructions			
	<u> </u>			an American Health	Co	alition		
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/30/2025	Choate, Charlene						\$5.00
		Contributor address; City; S	tate; Zip Code					
		Houston, TX 77074						
	Principal occu	pation / Job title (See Instructions	s) I	Em	ployer (See Instructions	<u>                                      </u>		
	BSNRN	`	<i>'</i>		dRelief Staffing	•		
	Date	Full name of contributor	out-of-state PAC (ID#:_	l	)	Т	Amount of Contribution (\$)	
	06/26/2025	Conyngham, Karen	<b>—</b>				,	\$25.00
		Contributor address; City; S	tate; Zip Code			1		
		Austin, TX 78746						
	Principal occu	pation / Job title (See Instructions	s)	Em	ployer (See Instructions	5)		
	researcher			Sel	f			
	Date	Full name of contributor	out-of-state PAC (ID#:_		)		Amount of Contribution (\$)	
	06/30/2025	Du, Songpei						\$100.00
		Contributor address; City; S	tate; Zip Code					
		Dallas, TX 75252						
	Principal occu	pation / Job title (See Instructions	s) I	Em	ployer (See Instructions	<u> </u> s)		
	Faculty	, and (000 mondonom)	·	SM		,		
	-			l				

	MONEI	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to c	omplete this forr	m.	1	Total pages Schedule A1: Sch: 4/19 Rpt: 7/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor  our peng, Haoyu</li><li>6 Contributor address; City; State; Zi</li></ul>	nt-of-state PAC (ID#: p Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Designer	Katy, TX 77494 pation / Job title (See Instructions)	9	Employer (See Instructions td	)		
	Date 06/28/2025	Full name of contributor ou ou ou Friedrich, Mary Anne  Contributor address; City; State; Zi  Houston, TX 77096	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$25.00
	Principal occu Teacher	pation / Job title (See Instructions)		Employer (See Instructions Houston ISD	)		
	Date 06/30/2025	Full name of contributor ou Ge, Ling Contributor address; City; State; Zi	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$50.00
	<u> </u>	Plano, TX 75025					
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions UNT	)		
	Date 06/30/2025	Full name of contributor ou Gong, Yan Contributor address; City; State; Zi Keller, TX 76248	nt-of-state PAC (ID#: p Code			Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	)		
	Date 06/27/2025	Full name of contributor ou Gottschalk, Arthur Contributor address; City; State; Zi	p Code			Amount of Contribution (\$)	\$100.00
	Principal occu Professor	pation / Job title (See Instructions)		Employer (See Instructions Rice University	)		

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm.	1	Total pages Schedule A1: Sch: 5/19 Rpt: 8/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/27/2025	<ul><li>5 Full name of contributor Hakeem, Shagufta</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$15.00
8	Principal occu Not Employe	Apex, NC 27502 pation / Job title (See Instructions)	9	Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/30/2025	Full name of contributor Hampton, Cecilia Contributor address; City; Sta Carrollton, TX 75010	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Self employe	pation / Job title (See Instructions)		Employer (See Instructions Hampton International	<u>I</u> S)		
	Date 06/30/2025	Full name of contributor Hanna, John Contributor address; City; Sta	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Indiana, PA 15701 pation / Job title (See Instructions		Employer (See Instructions	·/-		
	Not Employe	,		Not Employed	•)		
	Date 06/30/2025	Full name of contributor He, Yukuai  Contributor address; City; Sta  Mckinney, TX 75071	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$200.00
	Principal occu Supply chain	pation / Job title (See Instructions)	).	Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor Ho, Vinh Contributor address; City; Sta Houston, TX 77009	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions HBA	5)		

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 6/19 Rpt: 9/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Hu, Xin</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
8	Principal occu Consultant	Plano, TX 75025 pation / Job title (See Instructions	) [9	Employer (See Instructions IQVIA	S)		
	Date 06/30/2025	Full name of contributor Huang, Shijie Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$250.00
	Principal occu manager	pation / Job title (See Instructions		Employer (See Instructions	<u> </u>  S)		
	Date 06/30/2025	Full name of contributor Huang, Toni Contributor address; City; St	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$25.00
	Deinsinal sass	Austin, TX 78723	<u>.                                      </u>	Franks or (Coo Instructions	$\overline{\Gamma}$		
	Not Employe	pation / Job title (See Instructions ed		Employer (See Instructions Not Employed	5)		
Date 06/30/2025		Full name of contributor Hurst, Cathy  Contributor address; City; St  Houston, TX 77036	Hurst, Cathy  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions	)	Employer (See Instructions Not Employed	<u>I</u> S)		
	Date 06/30/2025	Full name of contributor Ji, Xing Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Data scientis	pation / Job title (See Instructions st		Employer (See Instructions PayPal	s)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	m.	1	Total pages Schedule A1: Sch: 7/19 Rpt: 10/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	<ul> <li>Full name of contributor</li></ul>		)	7	Amount of Contribution (\$)	\$100.00
8	Principal occur	Keller, TX 76248 pation / Job title (See Instructions)	la	Employer (See Instructions	·/		
0	Model risk m		"	Comerica Bank	·)		
	Date 06/27/2025	Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$70.00
	Principal occu	Pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Software En			Etsy	,,		
	Date 06/30/2025	Full name of contributor  out-of-state PA  Lee, Debbie  Contributor address; City; State; Zip Code	C (ID#:	)		Amount of Contribution (\$)	\$40.00
		Houston, TX 77063					
	Principal occu retired teach	pation / Job title (See Instructions) er		Employer (See Instructions HISD	5)		
	Date 06/30/2025	Full name of contributor  out-of-state PA Li, Danting  Contributor address; City; State; Zip Code  Houston, TX 77056				Amount of Contribution (\$)	\$500.00
	Principal occu Manager	pation / Job title (See Instructions)		Employer (See Instructions Wan Bridge	5)		
	Date 06/28/2025	Full name of contributor out-of-state PA Li, Kaiyi Contributor address; City; State; Zip Code Austin, TX 78724		)		Amount of Contribution (\$)	\$30.00
	Principal occu Data	pation / Job title (See Instructions)		Employer (See Instructions Google	s)		
			•				

	MONEI	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 8/19 Rpt: 11/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commissio 00068103	n Filers)
4	Date 06/30/2025	5 Full name of contributor Li, Nan  6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$50.00
8	Principal occu Commercial	Dallas, TX 75252 pation / Job title (See Instructions) Broker	9	B Employer (See Instructions Younger Partners	<u> </u> s)		
	Date 06/30/2025	Full name of contributor  Li, Peijie  Contributor address; City; Sta  Austin, TX 78750	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu engineer	pation / Job title (See Instructions)		Employer (See Instructions google	<u> </u> 5)		
	Date 06/30/2025	Full name of contributor Li, Shaochen Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	Analyst	pation / 300 title (See Instructions)		Western Digital	•)		
Date 06/30/2025		Full name of contributor  Li, Xu  Contributor address; City; Sta  Austin, TX 78730	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> 5)		
	Date 06/30/2025	Full name of contributor Lin, Nankun Contributor address; City; Sta Mckinney, TX 75072	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
	Principal occu Realtor	pation / Job title (See Instructions)		Employer (See Instructions Exp realty	5)		

	MONET	ARY POLITICAL CONTRIB	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	e this for	n.	1	Total pages Schedule A1: Sch: 9/19 Rpt: 12/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4		<ul> <li>Full name of contributor  out-of-state P Lin, Rong</li> <li>Contributor address; City; State; Zip Code</li> </ul>	-	)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu Manager	Dallas, TX 75252 pation / Job title (See Instructions)	9	Employer (See Instructions Forest Egg Roll Inc	<u> </u> s)		
	Date 06/30/2025	Liu, Sili	PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	<u>l</u> s)		
	Date 06/30/2025	Full name of contributor		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)		Employer (See Instructions DallasISD	<u> </u> s)		
	Date 06/30/2025	Full name of contributor out-of-state P Lu, Gary  Contributor address; City; State; Zip Code  Southlake, TX 76092	-			Amount of Contribution (\$)	\$100.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Texas health	<u>l</u> S)		
	Date 06/30/2025	Full name of contributor out-of-state P Lu, Xiaozheng Contributor address; City; State; Zip Code Trophy Club, TX 76262				Amount of Contribution (\$)	\$25.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions Nokia	5)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDU	LE A1
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 10/19 Rpt: 13/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	on Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor</li><li>Lu, Xiaozheng</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:ate; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu Engineer	Trophy Club, TX 76262 pation / Job title (See Instructions	)	9 Employer (See Instructions Nokia	5)		
	Date 06/30/2025	Full name of contributor  Ma, Ke  Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$100.00
	Principal occu Engineer	La Verne, CA 91750 pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u> S)		
	Date 06/30/2025	Full name of contributor  Mastin, Michelle  Contributor address; City; Si	out-of-state PAC (ID#:ate; Zip Code	)		Amount of Contribution (\$)	\$25.00
	Principal occu	Bellaire, TX 77401 pation / Job title (See Instructions	<u>,                                      </u>	Employer (See Instructions	z)		
	Not Employe	•	,	Not Employed	-,		
	Date 06/26/2025	Full name of contributor Natarajan, Rufi Contributor address; City; Si Houston, TX 77007	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu Events Direc	pation / Job title (See Instructions	)	Employer (See Instructions Harris County Precinct			
	Date 06/26/2025	Full name of contributor Oquin, Robert  Contributor address; City; Si  Dripping Springs, TX 786				Amount of Contribution (\$)	\$1,000.00
	Principal occu Sales	pation / Job title (See Instructions	)	Employer (See Instructions Sky Marketing	5)		

	MONET	ARY POLITICAL CONTRI	BUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to compl	ete this forr	m.	1	Total pages Schedule A1: Sch: 11/19 Rpt: 14/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	Ren, Anita 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Weston, MA 24930 pation / Job title (See Instructions)	9	Employer (See Instructions	<u> </u> s)		
	Not Employe			Not Employed	•		
	Date 06/26/2025	Reyes, Janie  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$50.00
	Principal occur	Houston, TX 77009 pation / Job title (See Instructions)		Employer (See Instructions	:) 		
	Not Employe			Not Employed	"		
	Date 06/26/2025	Full name of contributor out-of-state Reyes, Janie  Contributor address; City; State; Zip Code	ee PAC (ID#:	)	•	Amount of Contribution (\$)	\$50.00
		Houston, TX 77009					
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
	Date 06/30/2025	Russell, Dylan		)		Amount of Contribution (\$)	\$40.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Sorrels Law	5)		
	Date 06/27/2025	Full name of contributor out-of-state Schoenung, Julie Contributor address; City; State; Zip Code	te PAC (ID#:	)	•	Amount of Contribution (\$)	\$100.00
		pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Professor			Texas A&M University			

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 12/19 Rpt: 15/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	<ul><li>5 Full name of contributor Sethi, Pooja</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:	)	7	Amount of Contribution (\$)	\$40.00
8	Principal occu Not Employe	Austin, TX 78730 pation / Job title (See Instructions	(5)	D Employer (See Instructions Not Employed	<u> </u> s)		
	Date 06/30/2025	Full name of contributor Shao, Jiali Contributor address; City; St Pflugerville, TX 78660	out-of-state PAC (ID#: ate; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu Data Analyst	pation / Job title (See Instructions	s)	Employer (See Instructions	<u>                                      </u>		
	Date 06/30/2025	Full name of contributor Sorola-Pohlman, Lenora Contributor address; City; Si	out-of-state PAC (ID#:	)	•	Amount of Contribution (\$)	\$100.00
		Houston, TX 77008					
	Principal occu CEO	pation / Job title (See Instructions	s) 	Employer (See Instructions Sorola Consulting Servi	•	s Inc.	
	Date 06/25/2025	Full name of contributor Sorrels, Randall Contributor address; City; St Houston, TX 77007	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$500.00
	Principal occu Lawyer	pation / Job title (See Instructions	s)	Employer (See Instructions Sorrels Law	<u>I</u> S)		
	Date 06/28/2025	Full name of contributor Su, Jingdong Contributor address; City; Si Sugar Land, TX 77479	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$20.00
	Principal occu Engineer	pation / Job title (See Instructions	5)	Employer (See Instructions Hitachi Energy	s)		

	MONEI	ARY POLITICAL (	CONTRIBUTIO	NS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 13/19 Rpt: 16/103	
2	FILER NAME				3	Filer ID (Ethics Commission	Filers)
	Wu, Eugene	Y. (The Honorable)				00068103	
4	Date 06/30/2025	<ul><li>5 Full name of contributor</li><li>Sy, Jennifer</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#: ate; Zip Code		7	Amount of Contribution (\$)	\$20.00
•	Dringing aggr	Houston, TX 77004		) Employer (Coo Instruction			
8	psychologist	pation / Job title (See Instructions	)	<ul><li>Employer (See Instructions Houston OCD Program</li></ul>			
					_		
	Date 06/30/2025	Full name of contributor Taylor, Leslee  Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$5.00
		Crosby, TX 77532					
		pation / Job title (See Instructions	)	Employer (See Instructions	s)		
	Not Employe	ed		Not Employed			
	Date 06/30/2025	Full name of contributor Teng, Junwei Contributor address; City; St	out-of-state PAC (ID#: ate; Zip Code	)		Amount of Contribution (\$)	\$50.00
		Austin, TX 78730					
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	<u> </u>		
	Program ma	,	,	Dell	,		
	Date	Full name of contributor	out-of-state PAC (ID#:		Г	Amount of Contribution (\$)	
	06/30/2025	Teng, Junwei  Contributor address; City; St  Austin, TX 78730				Amount of Contribution (\$)	\$30.00
	Principal occu	pation / Job title (See Instructions	)	Employer (See Instructions	5)		
	Program ma	nager		Dell			
	Date 06/30/2025	Full name of contributor Teng, Junwei Contributor address; City; St	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$25.00
		Austin, TX 78730					
	Principal occu Program ma	pation / Job title (See Instructions nager	)	Employer (See Instructions Dell	s)		

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 14/19 Rpt: 17/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)				3	Filer ID (Ethics Commission 00068103	on Filers)
4		<ul><li>5 Full name of contributor Thomas, Peggy</li><li>6 Contributor address; City; St</li></ul>	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$40.00
8	Principal occu	Houston, TX 77074 pation / Job title (See Instructions	s) [9	9	Employer (See Instructions	 s)		
	Not Employe	ed			Not Employed			
	Date 06/30/2025	Full name of contributor WU, HAO Contributor address; City; S			)		Amount of Contribution (\$)	\$500.00
		Prosper, TX 75078						
	Principal occup  Mortgage Bro	pation / Job title (See Instructions oker	3)		Employer (See Instructions JumboWise Capital	s)		
	Date 06/30/2025	Full name of contributor Wallace, Kapetrich Contributor address; City; S	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$20.00
	Principal occur	Live Oak, TX 78233 pation / Job title (See Instructions	2)		Employer (See Instructions	;) 		
	Self employe	,	"		Kapetrich Wallace May	,,		
	Date 06/27/2025	Full name of contributor Warren, Benjamin Contributor address; City; S Houston, TX 77024	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,000.00
	Principal occup	pation / Job title (See Instructions	(5)		Employer (See Instructions ITC Trading Company L			
	Date 06/28/2025	Full name of contributor Weltge MD, Arlo Contributor address; City; S Bellaire, TX 77401	out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$100.00
	Principal occup	pation / Job title (See Instructionsed	(3)		Employer (See Instructions Not Employed	s)		
			I					

	MONEI	ARY POLITICAL C	ONTRIBUTION	NS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this fo	rm.	1	Total pages Schedule A1: Sch: 15/19 Rpt: 18/103	
2	FILER NAME	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
					L		
4	Date 06/30/2025	<ul><li>5 Full name of contributor</li><li>Wu, Christina</li><li>6 Contributor address; City; Sta</li></ul>	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$100.00
		Dallas, TX 75225					
8		pation / Job title (See Instructions)	9	Employer (See Instructions			
	Finance			Dallas police and fire pe	eny		
	Date 06/30/2025	Full name of contributor Wu, Xiaoyu Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Austin, TX 78726					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Software En	gineer		Amazon			
	Date 06/30/2025	Full name of contributor Xie, Jingjing Contributor address; City; Sta	out-of-state PAC (ID#: atte; Zip Code			Amount of Contribution (\$)	\$100.00
		Southlake, TX 76092					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s) 		
	Researcher	pation / vob title (See mondetions)		Utsw	٠,		
					_		
	Date 06/25/2025	Full name of contributor Xing, Huang Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$40.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Software eng	gineer		IBM			
	Date 06/30/2025	Full name of contributor Xu, June Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code			Amount of Contribution (\$)	\$100.00
		Sugar Land, TX 77479					
	Principal occu Artist	pation / Job title (See Instructions)		Employer (See Instructions Self employe	S)		

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 16/19 Rpt: 19/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	6 Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code		7	Amount of Contribution (\$)	\$25.00
8	Principal occu	Missouri City, TX 77459 pation / Job title (See Instructions)	9	Employer (See Instruction:	 s)		
	Self employe	ed		Self			
	Date 06/30/2025	Full name of contributor Yu, Xinting Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	5	San Antonio, TX 78255		- 1 (0 1 : ::	Ĺ		
	Principal occu Researcher	pation / Job title (See Instructions)		Employer (See Instruction: UTSA	S)		
	Date 06/30/2025	Full name of contributor Yu, Yunfan Contributor address; City; Sta	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Austin, TX 78750					
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instruction: SambaNova Systems	s)		
	Date 06/28/2025	Full name of contributor Yuan, Jason Contributor address; City; Sta	out-of-state PAC (ID#: tte; Zip Code	)		Amount of Contribution (\$)	\$200.00
	Principal occu Not Employe	pation / Job title (See Instructions) ed		Employer (See Instruction: Not Employed	s)		
	Date 06/30/2025	Full name of contributor Zhang, Heidi Contributor address; City; Sta Foster City, CA 94404	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$200.00
	Principal occu Tech	pation / Job title (See Instructions)		Employer (See Instruction: Indeed	s)		

	MONET	ARY POLITICAL CONTRIBU	JTION	IS		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to complete	this for	n.	1	Total pages Schedule A1: Sch: 17/19 Rpt: 20/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4		<ul> <li>Full name of contributor  out-of-state PAR Zhang, Kunpeng</li> <li>Contributor address; City; State; Zip Code</li> </ul>		)	7	Amount of Contribution (\$)	\$10.00
8	Drincinal occur	Plano, TX 75093 pation / Job title (See Instructions)	l <sub>o</sub>	Employer (See Instructions	·)		
0	Not Employe		9	Not Employed	·)		
	Date 06/30/2025	Full name of contributor out-of-state PAG Zhang, Xiao Contributor address; City; State; Zip Code Allen, TX 75013		)		Amount of Contribution (\$)	\$250.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Not Employe	d		Not Employed			
	Date 06/30/2025	Full name of contributor out-of-state PAG Zhang, Yinan Contributor address; City; State; Zip Code	C (ID#:	)	•	Amount of Contribution (\$)	\$300.00
		Plano, TX 75074					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Law Office of Mike Zhar		PLLC	
	Date 06/30/2025	Full name of contributor  out-of-state PAG Zhang, Ze Contributor address; City; State; Zip Code Austin, TX 78717		)	•	Amount of Contribution (\$)	\$50.00
	Principal occu Engineer	pation / Job title (See Instructions)		Employer (See Instructions PreferNotToSay	5)		
	Date 06/30/2025	Full name of contributor out-of-state PAG Zou, Wenting Contributor address; City; State; Zip Code Richardson, TX 75080		)	•	Amount of Contribution (\$)	\$100.00
	Principal occu Staff	pation / Job title (See Instructions)		Employer (See Instructions State Farm	s)		
			•				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how	to complete this form	m.	1	Total pages Schedule A1: Sch: 18/19 Rpt: 21/103	
2	FILER NAME Wu, Eugene	Y. (The Honorable)			3	Filer ID (Ethics Commission 00068103	n Filers)
4	Date 06/30/2025	6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Allen, TX 75013 pation / Job title (See Instructions)	9	Employer (See Instructions	 ;)		
	self employe	d		wen cheng			
	Date 06/30/2025	Full name of contributor [ foster, charles  Contributor address; City; Sta				Amount of Contribution (\$)	\$100.00
	Drincinal occu	Houston, TX 77046 pation / Job title (See Instructions)		Employer (See Instructions	·/		
	attorney	pation 7 305 title (See matrictions)		Foster LLP	')		
	Date 06/30/2025	Full name of contributor gutierrez, Shanna Contributor address; City; Sta	out-of-state PAC (ID#:te; Zip Code			Amount of Contribution (\$)	\$100.00
		Woodcreek, TX 78676					
	Principal occu Cannabis	pation / Job title (See Instructions)		Employer (See Instructions Greenery shop	5)		
	Date 06/30/2025	Full name of contributor ji, chao Contributor address; City; Sta Austin, TX 78731	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$50.00
	Principal occu Na	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 06/30/2025	Full name of contributor qian, yanlin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code	)		Amount of Contribution (\$)	\$300.00
	Principal occu Not Employe	pation / Job title (See Instructions)		Employer (See Instructions Not Employed	5)		
			,				

	MONET	TARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	E <b>A1</b>
	The Instru	ection Guide explains how to complete this f	form.	1	Total pages Schedule A1: Sch: 19/19 Rpt: 22/103	
2	FILER NAME Wu, Eugene	E Y. (The Honorable)		3		on Filers)
4	Date 06/27/2025	<ul> <li>Full name of contributor  out-of-state PAC (ID#: shellist, steve</li> <li>Contributor address; City; State; Zip Code</li> </ul>		7	Amount of Contribution (\$)	\$250.00
_		Houston, TX 77057	10.5.1. (0.1.1.1)			
8	Principal occu lawyer	upation / Job title (See Instructions)	9 Employer (See Instruction self	ns)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_xieo, fei  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Pflugerville, TX 78660  upation / Job title (See Instructions) ed	Employer (See Instruction Not Employed	ns)		
	Date 06/30/2025	Full name of contributor out-of-state PAC (ID#:_zhang, jingwei  Contributor address; City; State; Zip Code  Coppell, TX 75019			Amount of Contribution (\$)	\$100.00
	Principal occu	upation / Job title (See Instructions)	Employer (See Instruction att	ns)		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense

Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Food/Beverage Expen Gift/Awards/Memorials Legal Services The Instruction G	s Expense		xpens Vages	e /Contract Labor		Travel in District Travel Out of Dist OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 1/80 Rpt: 23/103		Wu, Eugene	Y. (The Honor	rable)				L	00068103	
4	Date	5	Payee name								
	03/17/2025		7-Eleven								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$33.35		1696 Spring	Cypress Rd							
			Spring, TX	77388							
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		-	on Equipment	And Related			<b>=</b>		de of Texas. Comp	
	-		Expense					Fuel Check if Austin,	, 1X,	officeholder living	expense
								. 401			
9	Complete ONLY if direct	<u> </u>	andidate/Offi	ceholder name	<u> </u>	Office sou	l Jaht			Office he	ld
	expenditure to benefit C/O		and a second of the				5			255 116	
	Date		Payee name								
	04/29/2025		AAPI Lead								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$349.45		10153 1/2 F	Riverside Dr Ste	801						
			Toluca Lake	e, CA 91602							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Contribution	s/Donations Ma	ade By					de of Texas. Comp	
			Candidate/0	Officeholder/Pol	itical Comm	ittee		Check if Austin, Event tickets	, TX,	officeholder living	expense
								Event tickets			
_	Complete ONLY if direct		andidate/Offi	ceholder name		Office sou	laht Iaht			Office he	ld
	expenditure to benefit C/O		a lalaate/OIII	Johnson Harrie	O	300	agi it			Chiec He	14
H	Date		Payee name								
	01/14/2025		Aloft								
	Amount (\$)	_	Payee addres	ss; City;	State:	Zip Co	nde				
	\$133.63	ı	109 E 7th S		Siale,	∠ip C(	Jue				
	Ψ100.00		100 L 7111 O	•							
			Austin, TX 7	'8701							
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	edule)	(b)	Description			
	OF EXPENDITURE		Travel Out o	of District						de of Texas. Comp	
								Lodging	, TX,	officeholder living	expense
								Loughig			
	Complete ONLY if direct		andidate/Offi	ceholder name	<u> </u>	Office sou	<u>l</u> ught			Office he	ld
	expenditure to benefit C/O						g			2,00 110	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/80 Rpt: 24/103	Wu, Eugene Y. (The Honorable)		00068103
4	Date	5 Payee name		•
	03/31/2025	Amazon.com		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$114.86	PO Box 81226		
		Seattle, WA 98108		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	_	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX, officeholder living expense
			(	Office supplies
_	0 1: 0.11.7.7.1.			0.00
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	·			
	Date	Payee name		
	03/27/2025	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$30.27	PO Box 81226		
		Seattle, WA 98108		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b) [	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Į	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	03/26/2025	Amazon.com		
	Amount (\$)	Payee address; City; State; Zip Code	ρ	
	\$35.31	PO Box 81226		
	400.01	1 0 50% 01220		
		Seattle, WA 98108		
	DUDDOCE		la \	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	υ) [ ]	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overflead/Nerital Expense	į	Check if Austin, TX, officeholder living expense
			(	Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI	<u> </u>		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula E4:	
1	Total pages Schedule F1: Sch: 3/80 Rpt: 25/103	2 FILER NAME Wu, Eugene Y. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00068103
4	Date	5 Payee name
	03/17/2025	Amazon.com
6	Amount (\$) \$46.97	7 Payee address; City; State; Zip Code PO Box 81226  Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/14/2025	Amazon.com
	Amount (\$) \$17.99	Payee address; City; State; Zip Code PO Box 81226 Seattle, WA 98108
		I
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/13/2025	Amazon.com
	Amount (\$) \$156.00	Payee address; City; State; Zip Code PO Box 81226
		Seattle, WA 98108
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office Supplies
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/80 Rpt: 26/103	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	03/05/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.34	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Davisa nama
	02/28/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$37.34	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 02/28/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$27.05	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Описе зарриез
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Travel Out of District Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/80 Rpt: 27/103 Wu, Eugene Y. (The Honorable) 00068103 4 Date Payee name 02/25/2025 Amazon.com 6 Amount (\$) Payee address; City; State; Zip Code \$63.75 PO Box 81226 Seattle, WA 98108 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/12/2025 Amazon.com Amount (\$) Payee address; City; State; Zip Code \$21.60 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 02/10/2025 Amazon.com Amount (\$) Payee address: City: State; Zip Code \$39.00 PO Box 81226 Seattle, WA 98108 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office supplies Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/80 Rpt: 28/103	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	02/05/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.91	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Pouse name
	02/04/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$107.14	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 02/04/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$10.81	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/80 Rpt: 29/103	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/29/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$24.02	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Davies same
	01/29/2025	Payee name
		Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.00	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinic Supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
-	Date	Payee name
	01/28/2025	Payee name Amazon.com
	Amount (\$)	
	\$19.47	PO Box 81226
		G
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 8/80 Rpt: 30/103	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	<u> </u>
	01/27/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$23.04	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Pescription
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
		l L	Check if Austin, TX, officeholder living expense  Office supplies
			office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		Cince field
_	Date	Davies name	
	01/27/2025	Payee name Amazon.com	
	Amount (\$) \$161.29	Payee address; City; State; Zip Code PO Box 81226	
	Φ101.29	PO BOX 61220	
		Coottle IVA 00100	
		Seattle, WA 98108	
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if dayer dustide of Texas. Complete Scriedule 1.  Check if Austin, TX, officeholder living expense
			Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/27/2025	Amazon.com	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$14.84	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		0	Office supplies
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/01	•	

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

se Event Expense Loan Repayment/Reimbu

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/80 Rpt: 31/103	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/23/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.99	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	01/17/2025	Amazon.com
	Amount (\$)	
	\$151.49	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	01/10/2025	Amazon.com
_		
	Amount (\$) \$547.68	Payee address; City; State; Zip Code PO Box 81226
	<b>Ф</b> 047.08	PO BOX 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
		S55 53pp55
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By - Gift/Awards/Mer

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/07/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$261.90	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	Complete ONLY if direct expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
L	01/06/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$52.98	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	06/12/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.28	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/03/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$493.62	PO Box 81226
		Seattle, WA 98108
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/O	<u> </u>
	Date	Payee name
	05/23/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.78	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/23/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.25	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Candidate/Officenoider/Politic	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 12/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
05/23/2025	Amazon.com
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$37.50	PO Box 81226
	Seattle, WA 98108
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office supplies
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experience to benefit ere	
Date	Payee name
05/09/2025	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$97.41	PO Box 81226
	Seattle, WA 98108
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held
experialiture to benefit C/C	
Date	Payee name
05/06/2025	Amazon.com
Amount (\$)	Payee address; City; State; Zip Code
\$17.47	PO Box 81226
	Seattle, WA 98108
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Office supplies
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experiulture to benefit C/O	71

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	05/01/2025	Amazon.com
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$142.85	PO Box 81226
		Seattle, WA 98108
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Cinice Supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	04/25/2025	Amazon.com
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.13	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	04/21/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.27	PO Box 81226
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
ı		

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this fo	orm.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 14/80 Rpt:	Wu, Eugene Y. (The Honorable)			00068103	
4	Date	5 Payee name				
	04/17/2025	Amazon.com				
6	Amount (\$)	7 Payee address; City; State; Zip Code	<b>!</b>			
	\$29.22	PO Box 81226				
		Seattle, WA 98108				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	) Descrip	otion		
	OF EXPENDITURE	Office Overhead/Rental Expense	Chec	k if travel outsi		plete Schedule T.
	LAFLINDITORL				officeholder living	g expense
			Office	supplies		
_	Operation ONE V if discont	Out lide to 10 ff and address on the 10 ff and a small			045	-1-1
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	τ		Office he	eid
	Date	Payee name				
	04/16/2025	Amazon.com				
	Amount (\$)	Payee address; City; State; Zip Code	<b>!</b>			
	\$39.01	PO Box 81226				
		Seattle, WA 98108				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) Descrip			
	OF EXPENDITURE	Office Overhead/Rental Expense			de of Texas. Com officeholder living	plete Schedule T.
			_	supplies	onicendider living	j expense
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t		Office he	eld
	expenditure to benefit C/OI	<del>1</del>				
	Date	Payee name				
	04/14/2025	Amazon.com				
	Amount (\$)	Payee address; City; State; Zip Code	<u> </u>			
	\$90.91	PO Box 81226				
	, , , ,					
		Seattle, WA 98108				
	PURPOSE		) Descrip	ntion		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense			de of Texas. Com	plete Schedule T.
	EXPENDITURE	Omoc Overnous/Normal Expense	Chec	k if Austin, TX,	officeholder living	gexpense
			Office	supplies		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	t		Office he	eld
	experiorale to belieff C/OI	1				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_
	Sch: 15/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103	
4	Date	5 Payee name	_
	04/10/2025	Amazon.com	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$73.34	PO Box 81226	
		Seattle, WA 98108	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Office supplies	
		Office Supplies	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
ľ	expenditure to benefit C/OI		
_	Data		=
	Date	Payee name	
	04/07/2025	Amazon.com	_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$227.29	PO Box 81226	
		Seattle, WA 98108	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office supplies	
		C.iiios cappillos	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
-	Date	Payee name	=
	04/07/2025	Payee name Amazon.com	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$59.72	PO Box 81226	
		0	
		Seattle, WA 98108	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Office supplies	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	-
	expenditure to benefit C/OI		
			_

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	Total manage Calculula E4.	
1	Total pages Schedule F1:	
	Sch: 16/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	04/07/2025	Amazon.com
Ļ		
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$67.14	PO Box 81226
		Seattle, WA 98108
Ļ	DUDD005	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payao namo
		Payee name
	04/07/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$24.98	PO Box 81226
		Coattle MA 00100
		Seattle, WA 98108
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payao namo
		Payee name
	04/07/2025	Amazon.com
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.46	PO Box 81226
		Seattle, WA 98108
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office supplies
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Т		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Can	didate/Officeholder/Politica Card Payment	d Committee Lega	al Services E Instruction Guide expla		ages/Contract Labor	OTHER (enter a	category not listed above)
1 Total p	ages Schedule F1:	2 FILER NAME				3 Filer ID	(Ethics Commission Filers)
	h: 17/80 Rpt:		(The Honorable)			00068103	
4 Date		5 Payee name					
03/03/	2025	Apollo Answeri	ng Service				
6 Amoun	\$53.04	7 Payee address; PO Box 70919 Houston, TX 7		tate; Zip Cod	le		
	URPOSE OF OFICE OVErhead/Rental Expense  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule To Check if Austin, TX, officeholder living expense  Telephone service						
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeh H	older name	Office soug	ht	Office he	eld
Date		Payee name					
02/03/	2025	Apollo Answeri	ng Service				
Amoun	t (\$) \$98.51	Payee address; PO Box 70919	City; St	tate; Zip Cod	le		
		Houston, TX 7	7270				
	RPOSE OF NDITURE		tegories listed at the top of this d/Rental Expense	s schedule)	<b>=</b>	outside of Texas. Com, n, TX, officeholder living <b>ervice</b>	
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeh	older name	Office soug	ht	Office he	eld
Date 01/06/	2025	Payee name Apollo Answeri	ng Service				
Amoun	t (\$) \$53.04	Payee address; PO Box 70919	City; St	tate; Zip Cod	le		
		Houston, TX 7	7270				
	RPOSE OF NDITURE		ntegories listed at the top of this d/Rental Expense	s schedule)	<u> </u>	outside of Texas. Com n, TX, officeholder living <b>ervice</b>	
	ete <u>ONLY</u> if direct liture to benefit C/O	Candidate/Officeh	older name	Office soug	ht	Office he	eld

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	. •	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/23/2025	Apollo Answering Service
6	Amount (\$) \$53.04	7 Payee address; City; State; Zip Code PO Box 70919
		Houston, TX 77270
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Telephone Service
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	04/28/2025	Apollo Answering Service
	Amount (\$)	Payee address; City; State; Zip Code
	\$66.03	PO Box 70919
		Houston, TX 77270
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Telephone service
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/27/2025	Apollo Answering Service
	Amount (\$) \$74.69	Payee address; City; State; Zip Code PO Box 70919
		Houston, TX 77270
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Telephone service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Con Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1:	
	Sch: 19/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	04/01/2025	Apollo Answering Service
6	Amount (\$)	7 Payee address; City; State; Zip Code
ľ	\$53.04	PO Box 70919
	Ψ55.04	FO BOX 70919
		Houston, TX 77270
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Telephone service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	<del>1</del>
H	Date	Payee name
	05/09/2025	
		Arnold, Elaine
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	7809 Valburn Dr
		Austin, TX 78731
	PURPOSE	
	OF	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		t-shirts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$		
	Date	Payee name
	02/13/2025	Asian Texans for Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$120.00	5000 Magari Path
		Austin, TX 78724
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Continuodions/Donations Made By  Candidate/Officeholder/Political Committee  Check if Austin, TX, officeholder living expense
		Event sponsor
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Legal Services			es/Contract Labor		OTHER (enter a	category not listed above)	
	Credit Card Payment			The Instruction Gui	ide explains how to	comp	lete this form.				
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID	(Ethics Commission File	ers)
	Sch: 20/80 Rpt:		Wu, Eugene	Y. (The Honora	ıble)				00068103		
4	Date	5	Payee name					_			
	01/21/2025		Austin Centr	ral Library							
6	Amount (\$)	7	Payee addres	ss; City;	State; Zip	Code					
	\$5.00		710 W Cesa	ır Chavez St							
			Austin, TX 7	8701							
8	PURPOSE	(a)	Category (sc	e Categories listed at the	o top of this schodulo)	(b)	) Description				
	OF	<b> </b> `´		on Equipment A		`	:	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Expense				ш	ı, TX	officeholder living	expense	
							Parking				
_						<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	ceholder name	Office s	ought	İ		Office he	eld	
		_									
	Date		Payee name								
	05/20/2025		Austin Centi								
	Amount (\$)		Payee addres		State; Zip	Code					
	\$5.00		710 W Cesa	ır Chavez St							
			Austin, TX 7	8701							
	PURPOSE OF	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	) Description				
	EXPENDITURE		Transportati Expense	on Equipment A	nd Related		<b>=</b>		de of Texas. Com officeholder living		
			Lybelise				Parking	,			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Office s	ought	t		Office he	eld	
	expenditure to benefit C/OI	Н									
	Date		Payee name								
	01/13/2025		Ava's Flowe	rs							
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code					
	\$100.58		200 Contine	ntal Dr Ste 401							
			Newark, DE	19713							
	PURPOSE	(a)	Category (Se	e Categories listed at the	e top of this schedule)	(b)	) Description				
	OF EXPENDITURE			Memorials Expe			Check if travel		de of Texas. Com		
	EXI ENDITORE						<b>—</b>	ı, TX,	officeholder living	expense	
							Gift				
	Complete ONLY if direct	Щ	Candidate/Offic	seholder name	Office s	ought	<del></del>		Office he	ald	
	expenditure to benefit C/O		Januidale/OIII	Cholder Hallle	Office S	Jugiil	•		Onice H	ли	
_											
l											

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 21/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/07/2025	Bellaire Express
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.07	6512 S Rice Ave
		Bellaire, TX 77401
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Expense Check if Austin, TX, officeholder living expense
		Fuel
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/06/2025	Bikkle
	Amount (\$)	Payee address; City; State; Zip Code
	\$504.51	3023 Guadalupe St
		Austin, TX 78705
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Staff meals
	Complete ONLY if direct	Condidate/Officeholder name Office county Office hold
	expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	06/30/2025	Breaktime
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.25	6300 Richmond Ave
		Houston, TX 77057
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Fuel
		ruei
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	te this form.
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
Sch: 22/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4 Date	5 Payee name		•
02/18/2025	Buc-ee's		
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode	
\$35.11	27700 Katy Fwy		
	Katy, TX 77494		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL	Expense		Check if Austin, TX, officeholder living expense
			Fuel
		<u> </u>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
experialitate to benefit Great	•		
Date	Payee name		
01/10/2025	Buc-ee's		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$16.15	27700 Katy Fwy		
	Katy, TX 77494		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE	Expense		Check if Austin, TX, officeholder living expense
			Fuel
		<u> </u>	
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
Date	Payee name		
02/10/2025	Buc-ee's		
Amount (\$)	Payee address; City; State; Zip Co	ode	
\$32.86	27700 Katy Fwy		
	Katy, TX 77494		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense		Check if Austin, TX, officeholder living expense
			Fuel
Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ught	Office held
experiulture to benefit C/OI	1		
<del></del>			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 23/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	06/16/2025	Buc-ee's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$24.88	27700 Katy Fwy	
		Katy, TX 77494	
8	PURPOSE	· · · · · · · · · · · · · · · · · · ·	
ľ	OF	1	outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		Fuel	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefit C/OI		
	Date	Payee name	
	04/14/2025	Buc-ee's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$45.87	27700 Katy Fwy	
		Katy, TX 77494	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITORE	=/,poi.ioc	n, TX, officeholder living expense
		Fuel	
	Commission ONII V if disposit	Condidate/Office helder notes	Office hold
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_		1	
	Date	Payee name	
	01/06/2025	Buenos Aires Caf?	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$405.91	1201 E 6th St	
		Austin, TX 78702	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 000/beverage Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Staff meals	I, 17, Unicerolider living expense
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			
l			

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Food/Beverage Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	nais Expense	Salaries/M		se s/Contract Labor		OTHER (enter		ot listed above)
	Credit Card F dyment			The Instruction	Guide explair	ns how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics C	Commission Filers)
	Sch: 24/80 Rpt:		Wu, Eugen	e Y. (The Ho	norable)					00068103		
4	Date	5	Payee name									
	06/06/2025			ational Forur	n							
6	Amount (\$)	7	Payee addre	ss; City;	Sta	te; Zip Co	de					
	\$250.00		619 E 11Th			·						
			Houston, T	x 77008								
Ļ	DUDDOCE	(-)				1	/b\					
8	PURPOSE OF	(a)		ee Categories listed		schedule)	(D)	Description  Check if traval	oute	ide of Texas. Co	mploto Schod	lulo T
	EXPENDITURE			ns/Donations Officeholder/F	-	nmittee		_		, officeholder livii		iule 1.
			Carialaator	Jillocholaci/i	ontiour con	mineco		Event donation				
9	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н					•					
_	Date	Π	Payee name									
	06/13/2025		CVS									
_		H		oo: Cit.	Cto	to: Zin Co	do					
	Amount (\$)		Payee addre	-	Sia	te; Zip Co	ue					
	\$20.80		7950 S Ges	silei Ru								
			Houston, T	X 77036								
	PURPOSE OF	(a)	Category (S	ee Categories listed	at the top of this s	schedule)	(b)	Description				
	EXPENDITURE		Office Over	head/Rental	Expense					ide of Texas. Co , officeholder livii		lule T.
												an Hernandez
								ooo oappo			a 10 / 10110	
_	Complete ONLY if direct		Candidate/Offi	ceholder name	<u> </u>	Office sou	aht			Office h	neld	
	expenditure to benefit C/OI						3					
H	Date	Т	Daysos nama									
	05/30/2025		Payee name Cabo Bob's									
					01-		.1.					
	Amount (\$)		Payee addre			te; Zip Co	ae					
	\$199.62		500 E Ben	White Blvd S	e D100							
			Austin, TX	78704								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this s	schedule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense	<b>)</b>					ide of Texas. Co		lule T.
								Staff meals	, IX	, officeholder livii	ng expense	
								Jun meais				
L	Complete ONLY if direct	Ц,	Candidata/O#	ceholder name	<u> </u>	Office sou	ah+			Office h	neld	
	Complete ONLY if direct expenditure to benefit C/O		Janundle/UIII	cenoidel Hallit	;	Onice Sou	grit			Office I	ielu	
1												

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	02/03/2025	Canva
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$119.99	75 E Santa Clara St
		San Jose, CA 95113
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Graphics software
		Graphics software
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
_	Date	Para and a second secon
	06/13/2025	Payee name
		Capitol Gift Shop
	Amount (\$)	Payee address; City; State; Zip Code
	\$67.12	1400 Congress Ave Ste E1.006
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Gifts - reimbursed to Adrian Hernandez
		Girls - Teiribursed to Adrian Hernandez
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·
	Data	Davida nama
	Date 04/03/2025	Payee name  Central Market
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.81	4001 N Lamar Blvd
		Austin, TX 78756
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Office food and beverages
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	olete t	this form.		
1	Total pages Schedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
	Sch: 26/80 Rpt:	Wu, Eugene Y. (The Honorable)			00068103	
4	Date	5 Payee name		•		
	03/03/2025	Chevron				
6	Amount (\$)	7 Payee address; City; State; Zip Code	)			
	\$27.93	5410 Chimney Rock Rd				
		Houston, TX 77081				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	<b>)</b> De	escription		
	OF EXPENDITURE	Transportation Equipment And Related		Check if travel outsid	e of Texas. Com	plete Schedule T.
	LAFLINDITORL	Expense		Check if Austin, TX, o	officeholder living	expense
			Fu	iei		
_	Operation ONE V # discort	Out lide to 10 ff and hald an array			Off: 1-	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	It		Office he	eld
	·					
	Date	Payee name				
	03/12/2025	Chi'Lantro				
	Amount (\$)	Payee address; City; State; Zip Code	9			
	\$160.84	1509 S Lamar Blvd				
		Austin, TX 78704				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	) De	escription		
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outsid		
				Check if Austin, TX, o	onicendider living	expense
	Complete ONLY if direct	Candidate/Officeholder name Office sought	ıt		Office he	eld
	expenditure to benefit C/OI					
	Date	Payee name				
	01/21/2025	Chipotle				
	Amount (\$)	'	<u> </u>			
	\$200.69	Payee address; City; State; Zip Code 801 Congress Ave Ste 100	,			
	Ψ200.03	dor congress two sie 100				
		Auctin TV 70701				
		Austin, TX 78701				
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,		escription Check if travel outsid	e of Teyas Com	nlete Schedule T
	EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, o		
			Sta	aff meals		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	it		Office he	eld
	expenditure to benefit C/OI	1				
_						

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 27/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	•
	04/08/2025	Chuy's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$266.67	1728 Barton Springs Rd	
		Austin, TX 78704	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	1 dda/Beverage Expense	rel outside of Texas. Complete Schedule T. rtin, TX, officeholder living expense
		Staff meals	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	02/19/2025	Circle K	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$37.57	926 Westheimer Rd	
		Houston, TX 77006	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Transportation Equipment 7 tha Related	rel outside of Texas. Complete Schedule T.
		Expense Check if Aus	ttin, TX, officeholder living expense
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	Н	
	Date	Payee name	
	03/26/2025	Clayton Spangler Photographic Design	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$549.00	235 Point Lick Dr	
		Charleston, WV 25306	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overfield/Nertial Expense	rel outside of Texas. Complete Schedule T.
		Check if Aus	tin, TX, officeholder living expense
		I notos	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
l			

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitl/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 28/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
04/28/2025	Connor, Elizabeth
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$4,000.00	5216 Leeland St
	Houston, TX 77023
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Solicitation/Fundraising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Services
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
experientare to benefit 6/6	···
Date	Payee name
01/06/2025	Connor
Amount (\$)	Payee address; City; State; Zip Code
\$4,000.00	5216 Leeland St
	Houston, TX 77023
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Fundraising Services
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	
Date	Payee name
06/13/2025	Copello, Beatriz
Amount (\$)	Payee address; City; State; Zip Code
\$1,000.00	5619 Sylmar Rd
	Houston, TX 77081
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
EXPENDITURE	Salaries/Wages/Contract Labor
	stipend
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	П

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/06/2025	Costco Wholesale
6	Amount (\$) \$477.38	7 Payee address; City; State; Zip Code 10401 Research Blvd
		Austin, TX 78759
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event food - reimbursed to Gene Wu
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/20/2025	Costco Wholesale
	Amount (\$) \$642.03	Payee address; City; State; Zip Code  10401 Research Blvd  Austin, TX 78759
	PURPOSE	
	OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies - reimbursed to Gene Wu
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/25/2025	Costco Wholesale
	Amount (\$) \$486.26	Payee address; City; State; Zip Code 10401 Research Blvd
		Austin, TX 78759
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies - reimbursed to Gene Wu
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Comm

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Pol Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule F	1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 30/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
01/30/2025	Costco Wholesale
6 Amount (\$) \$522.6	7 Payee address; City; State; Zip Code 10401 Research Blvd
	Austin, TX 78759
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies - reimbursed to Gene Wu
9 Complete <u>ONLY</u> if direct expenditure to benefit C	
Date	Payee name
01/24/2025	Costco Wholesale
Amount (\$) \$788.3	Payee address; City; State; Zip Code  10401 Research Blvd  Austin, TX 78759
PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Office supplies - reimbursed to Gene Wu
Complete ONLY if direct expenditure to benefit C	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
01/24/2025	Costco Wholesale
Amount (\$) \$419.5	Payee address; City; State; Zip Code  10401 Research Blvd
	Austin, TX 78759
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense Office supplies - reimbursed to Gene Wu
Complete ONLY if direct expenditure to benefit C	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)				
	Sch: 31/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103					
4	Date	5 Payee name					
	01/17/2025	Costco Wholesale					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$601.97	10401 Research Blvd					
		Austin, TX 78759					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.					
	EXI ENDITORE	Check if Austin, TX, officeholder living expense					
		Office supplies					
_	Complete ONLY if direct	Condidate/Officeholder name Office country					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held					
		<u> </u>					
	Date	Payee name					
	05/29/2025	Costco Wholesale					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$752.31	10401 Research Blvd					
		Austin, TX 78759					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Office Overhead/Rental Expense					
		Check if Austin, TX, officeholder living expense  Office supplies - reimbursed to Gene Wu					
		Onice supplies Termbursed to Gene Wa					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
	Date	Daylog name					
	04/28/2025	Payee name Costco Wholesale					
	Amount (\$) \$752.78	Payee address; City; State; Zip Code  10401 Research Blvd					
	φ132.76	10401 Research bivu					
		Austin TV 70750					
		Austin, TX 78759					
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
		Office supplies - reimbursed to Gene Wu					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/O						
_							

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to o	omplete this forn	i.	
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission F	Filers)
Sch: 32/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103	
4 Date	5 Payee name			
04/09/2025	Costco Wholesale			
6 Amount (\$)	7 Payee address; City; State; Zip C	ode		
\$660.85	10401 Research Blvd			
	Austin, TX 78759			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF	Office Overhead/Rental Expense		travel outside of Texas. Complete Schedule T.	
EXPENDITURE		1 —	Austin, TX, officeholder living expense	
		Office su	pplies - reimbursed to Gene Wu	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ught	Office held	
experiulture to benefit C/O	11			
Date	Payee name			
02/21/2025	Criminal Justice Reform Caucus			
Amount (\$)	Payee address; City; State; Zip (	Code		
\$300.00	PO Box 2910			
	Austin, TX 78768			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	 n	
OF EXPENDITURE	Fees	· — ·	travel outside of Texas. Complete Schedule T.	
EXPENDITORE			Austin, TX, officeholder living expense	
		Dues		
On and the ONE Vitalian at	Out did to 10 fine held on a con-		Office held	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ougni	Office held	
Date	Payee name			
06/04/2025	Denny's			
Amount (\$)	Payee address; City; State; Zip C	Code		
\$28.51	2320 INTERREGIONAL Hwy			
	Austin, TX 78704			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	n	
OF EXPENDITURE	Food/Beverage Expense	· -	travel outside of Texas. Complete Schedule T.	
EXI ENDITORE		_	Austin, TX, officeholder living expense	
		Staff mea	CIK	
Complete CNII V if direct	Condidate/Officeholder name	Lucht	Office hald	
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ugfil	Office held	

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ	T.1 01 11 -	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 33/80 Rpt:	2 FILER NAME Wu, Eugene Y. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00068103
_	·	
4	Date	5 Payee name
L	01/31/2025	Din Ho Chinese BBQ
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$57.52	8557 Research Blvd Ste 116
		Austin TY 78758
		Austin, TX 78758
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Meals
L		
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
H	Date	Payee name
	01/31/2025	Din Ho Chinese BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$280.03	8557 Research Blvd Ste 116
		Austin, TX 78758
_	DUDESCE	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meals
		ivieais
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		<u> </u>
	Date	Payee name
	01/13/2025	DoubleTree Hotel
	Amount (\$)	Payee address; City; State; Zip Code
	\$198.13	1617 N Interstate 35 Frontage Rd
		Austin, TX 78702
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lodging
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Credit Card Payment	The Instruction Guide explains how to c	omple	te this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 34/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4 Date	5 Payee name		•
01/09/2025	Dunkin Donuts		
6 Amount (\$)	7 Payee address; City; State; Zip C	Code	
\$13.99	5406 Bellaire Blvd		
	Bellaire, TX 77401		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF	Food/Beverage Expense	`´	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE			Check if Austin, TX, officeholder living expense
			Staff Meals - reimbursed to Adrian Hernandez
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office so	ought	Office held
experianci to benefit 6/6			
Date	Payee name		
01/13/2025	El Cevichero Restaurant y Cantina		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$143.46	2603 SE Military Dr Ste 106		
	San Antonio, TX 78223		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE			Check if Austin, TX, officeholder living expense
			Meals
Computate ONII V if direct	Condidate (Office helder nome		Office heald
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ougnt	Office held
· 			
Date	Payee name		
06/20/2025	Equality Texas		
Amount (\$)	Payee address; City; State; Zip C	Code	
\$105.00	PO Box 2340		
	Austin, TX 78768		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee		Contribution
			Contribution
Complete CNII V if direct	Candidate/Officeholder name	u abt	Office hold
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so H	ougnt	Office held
,			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 35/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	01/16/2025	Eureka	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,096.68	200 E 6th St	
		Austin, TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	· · · · · · · · · · · · · · · · · · ·	outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin	n, TX, officeholder living expense
		Event food	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit Grot	'	
	Date	Payee name	
	06/02/2025	FedEx Office	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$176.44	7457 Southwest Fwy Ste 200	
l			
l		Houston, TX 77074	
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
l			n, TX, officeholder living expense
l		Shipping	
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
⊨	D-4-		
	Date 06/02/2025	Payee name FedEx Office	
┡			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$21.65	7457 Southwest Fwy Ste 200	
		Houston, TX 77074	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
l	EXPENDITURE	Onice Overnead/Nerital Expense	outside of Texas. Complete Schedule T.  n, TX, officeholder living expense
		Shipping	, 17, dilicensider living expense
		- 249	
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
H			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		mittee Legal Services			se s/Contract Labor		OTHER (enter a	category not listed abo	ove)
Credit Card Payment The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	2 FILER NAME				3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 36/80 Rpt:		Wu, Eugene Y. (The Hon	orable)				00068103		
4	Date	5	Payee name							
	03/13/2025		Garvens, Lillian							
6	Amount (\$)	7	Payee address; City;	State; Zip C	ode					
Ĭ	\$150.00	ľ	3517 N Hills Dr Apt V302	•	ouc					
	+200.00		501							
			Auctin TV 70721							
		⊢	Austin, TX 78731		1					
8	PURPOSE OF	(a)	Category (See Categories listed		(b)	Description		d4.T O	alaka Cabadala T	
	EXPENDITURE		Salaries/Wages/Contract	Labor				de of Texas. Com officeholder living		
						stipend				
						•				
9	Complete ONLY if direct		andidate/Officeholder name	Office so	<u> </u>			Office he	eld	
	expenditure to benefit C/OI	Н			J					
	Date	Π	Payee name							
	02/03/2025		Gay & Lesbian Victory Fu	ind PAC						
	Amount (\$)	$\vdash$	Payee address; City;	State; Zip C	odo					
	\$1,500.00		1133 15th St NW Ste 350	•	oue					
	Ψ1,300.00		1133 13(11 3) 1100 3(6 330	•						
			N							
		⊢	Washington, DC 20005		1					
	PURPOSE OF	(a)	Category (See Categories listed a		(b)	Description		d4.T O	alaka Cabadala T	
	EXPENDITURE		Contributions/Donations	,		<b>=</b>		de of Texas. Com officeholder living		
			Sandidate/Officeriolde//i	ontical Committee		Contribution				
	Complete ONLY if direct		andidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Π	Payee name							
	05/23/2025		Gina Ortiz Jones for San	Antonio						
	Amount (\$)		Payee address; City;	State; Zip C	ode					
	\$1,000.00		PO Box 12246	State, 2.p c	000					
	Ψ1,000.00		O BOX 12240							
			San Antonio, TX 78212							
	DUDD005				10.					
	PURPOSE OF	(a)	Category (See Categories listed		(a)	Description  Check if travel	nutei	de of Texas. Com	nlete Schedule T	
	EXPENDITURE		Contributions/Donations N Candidate/Officeholder/P					officeholder living		
				omioai committee		Contribution		_	·	
	Complete ONLY if direct		andidate/Officeholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI				-					

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The In	struction Guide ex	plains how to co	mple	ete this form.		
1	Total pages Schedule F1:	FILER NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 37/80 Rpt:	Wu, Eugene Y. (7	The Honorable)				00068103	3
4	Date	Payee name				I		
	03/13/2025	Greater Houston	Youth Alliance					
6	Amount (\$)	Payee address;	City;	State; Zip Co	ode			
	\$1,000.00	4828 Loop Centra	al Dr Ste 1000					
		Houston, TX 770	B1					
8	PURPOSE	Category (See Categ	orios listod at the top o	f this echodula)	(b)	Description		
	OF	Contributions/Doi			` '	_	ide of Texas. C	omplete Schedule T.
	EXPENDITURE	Candidate/Officel				Check if Austin, TX	, officeholder liv	ring expense
						Sponsorship		
<u> </u>								
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officehold	er name	Office sou	ght		Office	held
<u> </u>								
	Date	Payee name						
	02/12/2025	Gremillion/Horizo	n on Sunset					
	Amount (\$)	Payee address;	City;	State; Zip Co	de			
	\$750.00	2501 Sunset Blvo	I TX77005					
		Houston, TX 770	05					
	PURPOSE	Category (See Categ	ories listed at the top o	f this schedule)	(b)	Description		
	OF EXPENDITURE	Event Expense				<b></b>		omplete Schedule T.
						Check if Austin, TX Event venue rer		ring expense
						Event vende rei	itai	
	Complete ONLY if direct	Candidate/Officehold	er name	Office sou	aht		Office	held
	expenditure to benefit C/O			<b>55</b>	9		000	
	Date	Payee name						
	01/10/2025	Gremillion/Horizo	n on Sunset					
				State; Zip Co	ndo.			
	Amount (\$) \$750.00	Payee address; 2501 Sunset Blvo	City;	State, Zip Ct	ue			
	Ψ130.00	2301 Suriset bive	11777005					
		Haveton TV 770	25					
		Houston, TX 770						
	PURPOSE OF	Category (See Categ	ories listed at the top o	f this schedule)	(b)	Description	ide of Toyon C	omplete Cabadula T
	EXPENDITURE	Event Expense				Check if Austin, TX		omplete Schedule T. ring expense
						Event venue rer		
	Complete ONLY if direct	Candidate/Officehold	er name	Office sou	ght		Office	held
	expenditure to benefit C/O							

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	<b>S</b>	Polling Expense Printing Expense Salaries/Wages/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not listed above)
		•	ns how to complete this form.	
1	Total pages Schedule F1: Sch: 38/80 Rpt:	FILER NAME Wu, Eugene Y. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00068103	
4	Date	Payee name		•
	06/13/2025	HEB		
6	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	\$18.94	5895 San Felipe St		
		Houston, TX 77057		
8	PURPOSE	Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense		l outside of Texas. Complete Schedule T.
			<u> </u>	n, TX, officeholder living expense es - reimbursed to Adrian Hernandez
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officerolder flame	Onice Sought	Office field
	Date	Payee name		
	06/13/2025	HEB		
	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	\$29.94	5895 San Felipe St		
		Houston, TX 77057		
	PURPOSE	) Category (See Categories listed at the top of this	schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if trave	l outside of Texas. Complete Schedule T.
	EX. ENDITORE		<del> </del>	n, TX, officeholder living expense
			Office Suppli	es - reimbursed to Adrian Hernandez
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sought	Office held
	Date	Payee name		
	03/12/2025	HEB		
	Amount (\$)	Payee address; City; Sta	ate; Zip Code	
	\$393.96	5895 San Felipe St		
		Houston, TX 77057		
	PURPOSE OF	Category (See Categories listed at the top of this		Loutside of Tayon Complete Cabadula T
	EXPENDITURE	Office Overhead/Rental Expense	<b> </b>	l outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Office suppli	
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to	ompl	olete this form.
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 39/80 Rpt:		Wu, Eugene Y. (The Honorable)		00068103
4	Date	5	Payee name		•
	02/20/2025		HEB		
6	Amount (\$)	7	Payee address; City; State; Zip C	Code	
	\$34.76		5895 San Felipe St		
			Houston, TX 77057		
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	) Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE				Check if Austin, TX, officeholder living expense
					Office supplies
_	Operation ONE V if dispose	L	Out distributed Office health and a second		off hald
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office so	ougnt	t Office held
		_			
	Date		Payee name		
	02/20/2025		HEB		
	Amount (\$)		Payee address; City; State; Zip C	Code	
	\$3.32		5895 San Felipe St		
			Houston, TX 77057		
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE		Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
					Check if Austin, TX, officeholder living expense Office supplies
					Office Supplies
	Complete ONLY if direct		Candidate/Officeholder name Office so	<u>l</u> ouaht	t Office held
	expenditure to benefit C/O			9	
	Date	Т	Payee name		
	02/03/2025		HEB		
	Amount (\$)	$\vdash$	Payee address; City; State; Zip C	`odo	
	\$343.00		5895 San Felipe St	Jude	•
	Ψ0+3.00		3033 Sur i Clipe St		
			Houston TV 77057		
		<u> </u>	Houston, TX 77057		
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
					Office supplies
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught	t Office held
	expenditure to benefit C/O	Н			
_					

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to compl	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 40/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	01/28/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$197.19	5895 San Felipe St	
		Houston, TX 77057	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/28/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$63.60	5895 San Felipe St	
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office supplies
			Omeo cappiles
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-	Date	Payee name	
	05/21/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$182.24	5895 San Felipe St	
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense Office supplies
			Оппос Зиррпоз
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
$\vdash$			
l			

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 41/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	·
	05/07/2025	HEB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$247.10	5895 San Felipe St	
		Houston, TX 77057	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Office supplies
Ļ	0 1 0 0 1 1 1 1		000
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		
	Date	Payee name	
	04/01/2025	HEB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$95.27	5895 San Felipe St	
		Houston, TX 77057	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		L	Crieck in Austrit, 174, Unicertoider living expense  Dffice supplies
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	4	
	Date	Payee name	
	01/13/2025	Halal Bros	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$84.84	2712 Guadalupe St	
		·	
		Austin, TX 78705	
	PURPOSE		Description
	OF	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		S	Staff meals
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	The state of the s	•	
L			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

•	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)
Sch: 42/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103	
4 Date	5 Payee name			
05/01/2025	Halal Bros			
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode		
\$144.17	2712 Guadalupe St			
	Austin, TX 78705			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Food/Beverage Expense		vel outside of Texas. Com	plete Schedule T.
EXPENDITORE			stin, TX, officeholder living	expense
		Staff meals	i	
• • • • • • • • • • • • • • • • • • •			055	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ght	Office he	eld
<u> </u>				
Date	Payee name			
01/05/2025	Harris County Democratic Party			
Amount (\$)	Payee address; City; State; Zip Co	ode		
\$1,000.00	1445 North Loop W Ste 110			
	Houston, TX 77008			
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
OF EXPENDITURE	Contributions/Donations Made By		vel outside of Texas. Comp	
	Candidate/Officeholder/Political Committee	Contribution	stin, TX, officeholder living n	expense
		Somman		
Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office he	eld
expenditure to benefit C/O		3		
Date	Payee name			
01/28/2025	Harris County Democratic Party			
Amount (\$)	Payee address; City; State; Zip Co	nde		
\$2,065.20	1445 North Loop W Ste 110	ide		
Ψ2,000.20	1440 North 200p W Oto 110			
	Houston, TX 77008			
DUDDOGE		(1-)		
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description  Check if trav	vel outside of Texas. Com	nlete Schedule T
EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee		stin, TX, officeholder living	
		Contribution	n	
Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office he	eld
expenditure to benefit C/O	Н			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3	Filer ID (Ethics Commission Filers)
	Sch: 43/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	06/16/2025	Harris County Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	1445 North Loop W Ste 110	
	• •	· ·	
		Houston, TX 77008	
8	PURPOSE	<u> </u>	
ð	OF	(a) Category (See Categories listed at the top of this schedule)  Contributions/Donations Made By  (b) Description  Check if travel outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	Contributions/Denations Made By	officeholder living expense
		Contribution	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	)H	
F	Date	Payee name	
	03/26/2025	Hill Country Springs	
-	Amount (\$)	Payee address; City; State; Zip Code	
	\$133.14	10019 S Interstate 35 Frontage Rd	
	<b>\$100.11</b>	10010 0 moretate 00 moretage na	
l		Auctin TV 70747	
┕		Austin, TX 78747	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	de of Texas. Complete Schedule T.
l	EXPENDITURE	Onice Overnead/Nertial Expense	officeholder living expense
l		Office water	
l			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	)H	
F	Date	Payee name	
	02/03/2025	Hill Country Springs	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
	\$77.72	10019 S Interstate 35 Frontage Rd	
	¥=		
		Austin, TX 78747	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel outsi	de of Texas. Complete Schedule T.
	EXPENDITURE	Office Overficaci/Nertial Expense	officeholder living expense
		Office water	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
Н			

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

Printing Expense Salaries/Wages/Contract Labor Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 44/80 Rpt: Wu, Eugene Y. (The Honorable) 00068103 4 Date Payee name 05/14/2025 Hill Country Springs 6 Amount (\$) Payee address; State; Zip Code \$146.72 10019 S Interstate 35 Frontage Rd Austin, TX 78747 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Office water Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 05/12/2025 Home Slice Pizza Amount (\$) Payee address; City; State; Zip Code \$178.57 1415 S Congress Ave Austin, TX 78704 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Staff meals Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2025 Houston Chronicle Amount (\$) Payee address: City: State; Zip Code \$29.99 4747 Southwest Fwy Houston, TX 77027 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Subscription Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to com	ple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 45/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4	Date	5 Payee name		
l	02/24/2025	Houston Chronicle		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$29.99	4747 Southwest Fwy		
		Houston, TX 77027		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Subscription
l				Cabsonphon
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/OI			
F	Date	Payee name		
l	01/27/2025	Houston Chronicle		
-	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$29.99	4747 Southwest Fwy	_	
l	,			
l		Houston, TX 77027		
⊢	PURPOSE		b)	Description
l	OF	Office Overhead/Rental Expense	,	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	' '		Check if Austin, TX, officeholder living expense
l				Subscription
┡	Complete ONLY if direct	Candidate/Officeholder name Office soud	hŧ	Office held
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·	IΙ	Office field
⊨	Data	Davies warms		
	Date 05/27/2025	Payee name Houston Chronicle		
┝	Amount (\$)	Payee address; City; State; Zip Code		
	\$29.99	4747 Southwest Fwy	C	
l	Ψ20.33	4747 Goddiwest Wy		
l		Houston, TX 77027		
	PURPOSE		h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	ω,	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cines of Sinestan tental Expense		Check if Austin, TX, officeholder living expense
l				Subscription
ldash				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sougl	nt	Office held

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 46/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
04/24/2025	Houston Chronicle
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$29.99	4747 Southwest Fwy
	Houston, TX 77027
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	Н
Date	Payee name
06/24/2025	Houston Chronicle
Amount (\$)	Payee address; City; State; Zip Code
\$29.99	4747 Southwest Fwy
	Houston, TX 77027
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
	Subscription
	- Casson paon
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
06/16/2025	Houston City Club
	·
Amount (\$) \$2.00	Payee address; City; State; Zip Code  1 City Club Dr
Φ2.00	
	Houston, TX 77046
PURPOSE	
OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
	Parking
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
expenditure to benefit C/O	п

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	idate/Officeholder/Politica ard Payment	Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1 Total pa	ges Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
Sch	n: 47/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103	
4 Date		5 Payee name	
01/06/2	2025	Hugo's	
6 Amount	(\$)	7 Payee address; City; State; Zip Code	
	\$3,520.84	1600 Westheimer Rd	
		Houston, TX 77006	
	RPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF NDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Event catering -reimbursed to Elizabeth Connor	
		Event catering -reinbursed to Elizabeth Connor	
<b>0</b> 0 /	4- ONII V. "	Constitute (Office helder name	
	te <u>ONLY</u> if direct ture to benefit C/O	Candidate/Officeholder name Office sought Office held	
<u>'</u>			
Date		Payee name	
05/23/2	2025	Humble Area Democrats	
Amount	(\$)	Payee address; City; State; Zip Code	
	\$120.00	PO Box 3863	
		Humble, TX 77347	
	RPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	NDITURE	Contributions/Donations Made By  Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.	
		Candidate/Officeholder/Political Committee	
		Contribution	
Comple	to ONL V if direct	Candidate/Officeholder name Office sought Office held	
	te <u>ONLY</u> if direct ture to benefit C/O		
Date		Payee name	
04/07/2	2025	Hyatt Regency	
Amount	(\$)	Payee address; City; State; Zip Code	
	\$16.50	208 Barton Springs Rd	
		Austin, TX 78704	
	RPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	NDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.	
		Expense Check if Austin, TX, officeholder living expense  Parking	
		raining	
Comple	te ONLY if direct	Candidate/Officeholder name Office sought Office held	
	ture to benefit C/O		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
Ļ		· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 48/80 Rpt:	2 FILER NAME Wu, Eugene Y. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00068103
	·	
4	Date	5 Payee name
	04/28/2025	IAH Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	2800 N Terminal Rd
		Houston, TX 77032
Ļ		1
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related
		Expense Check if Austin, TX, officeholder living expense  Parking
		raikilly
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to beliefit C/O	1
	Date	Payee name
	06/20/2025	Jetway
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.15	15921 John F Kennedy Blvd
	¥ .0.20	
		H., d., TV 77000
		Houston, TX 77032
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense
		Fuel
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorare to benefit C/O	<b>'</b>
	Date	Payee name
	05/29/2025	Jones, Jolanda
	Amount (\$)	Payee address; City; State; Zip Code
	\$53.74	2525 Binz St
		Houston, TV 77004
		Houston, TX 77004
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		end of session gift
	Complete ONU V & direct	Condidate/Officeholder come
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	The straight of the straight of the	
ı		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to con	-	te this form.
1	Total pages Schedule F1:	2 FILER NAME	_	3 Filer ID (Ethics Commission Filers)
	Sch: 49/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4	Date	5 Payee name		•
	03/28/2025	Kesos Tacos		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$127.42	600 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Staff meals
				Stall Illeais
_	Complete ONLY if direct	Condidate/Officeholder name Office sour	ah+	Office hold
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	JIIL	Office held
	·			
	Date	Payee name		
	03/13/2025	Kesos Tacos		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$111.29	600 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
	LA LABITORE			Check if Austin, TX, officeholder living expense
				staff meals
	Complete ONLY if direct	Candidate/Officeholder name Office soug	nht.	Office held
	expenditure to benefit C/O		JIIL	Office field
	Date	Payee name		
	02/05/2025	Kesos Tacos		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$111.91	600 W Martin Luther King Jr Blvd		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense staff meals
				Stall meals
	Complete ONLY if direct	Condidate/Officeholder name	nh+	Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	JIII	Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarice Magnet/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 50/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/27/2025	Kesos Tacos
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$138.92	600 W Martin Luther King Jr Blvd
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		staff meals
_		
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	05/12/2025	Kesos Tacos
	Amount (\$)	Payee address; City; State; Zip Code
	\$119.75	600 W Martin Luther King Jr Blvd
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  staff meals
		Stati meas
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Dayso name
	04/14/2025	Payee name Kesos Tacos
	Amount (\$)	Payee address; City; State; Zip Code
	\$144.65	600 W Martin Luther King Jr Blvd
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		staff meals
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 51/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/27/2025	Kim Son
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$870.88	10603 Bellaire Blvd
		Houston, TX 77072
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Event food
		Eventiood
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	06/13/2025	Krispy Kreme
H	Amount (\$)	Payee address; City; State; Zip Code
	\$98.94	701 E Stassney Ln
	Ψ30.34	TOTIC Statistics En
		Austin, TX 78745
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Staff meals - reimbursed to Adrian Hernandez
L	Operation ONLY & Street	Outstide to 10 ff and half an array of the second to
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡		
	Date	Payee name
L	04/01/2025	La Catarina
	Amount (\$)	Payee address; City; State; Zip Code
	\$612.39	1210 Barton Springs Rd
L		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff meals
一	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
H		
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### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 52/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	·
	01/02/2025	Legislative Solutions	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$350.00	PO Box 5643	
		Austin, TX 78763	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	ription
	OF EXPENDITURE	onice overneda/rental Expense	eck if travel outside of Texas. Complete Schedule T.
		l — l —	eck if Austin, TX, officeholder living expense I distribution service
		Lina	r distribution service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		S.11.00
H	Date	Payee name	
	01/13/2025	Legislative Study Group	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,030.00	PO Box 12943	
	,_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		Austin, TX 78711	
	PURPOSE	(a) a	intion
	OF	· · · · · · · · · · · · · · · · · · ·	ipuori eck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 003	eck if Austin, TX, officeholder living expense
		Dues	;
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought	Office held
	experiditure to beliefit C/Or	1	
	Date	Payee name	
	01/16/2025	Lone Star Strategies	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$3,500.00	10709 Marsha Ln	
		Houston, TX 77024	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption
	OF EXPENDITURE	Consulting Expense	eck if travel outside of Texas. Complete Schedule T.
			eck if Austin, TX, officeholder living expense pliance services
		Comp	pliance services
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	Onice Held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor  The Instruction Guide explains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 53/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	06/12/2025	Lurin, Aaron	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 105 W 51st St  Austin, TX 78751	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	outside of Texas. Complete Schedule T. , TX, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/31/2025	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.71	512 Means St NW Ste 404	
	<del>+</del> 2.02		
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overfield Experise	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Email service	
		Email Solvice	•
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/03/2025	Mail Chimp	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$140.71	512 Means St NW Ste 404	
	Ψ110.11	OIL Models Strive Sto 101	
		Atlanta, GA 30318	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Onice Overneau/Nental Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Email service	
		Littali Service	•
_	Complete ONU V Station	Condidate/Officeholder neme	Office heald
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	,		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 54/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/30/2025	Mail Chimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$140.71	512 Means St NW Ste 404
		Atlanta, GA 30318
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/30/2025	Mail Chimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	512 Means St NW Ste 404
		Atlanta, GA 30318
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email service
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	04/30/2025	Mail Chimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$140.71	512 Means St NW Ste 404
		Atlanta, GA 30318
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Email service
		2
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 55/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4	Date	5 Payee name		•
l	06/30/2025	Mail Chimp		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
l	\$140.71	512 Means St NW Ste 404		
l				
		Atlanta, GA 30318		
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
l	EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Email service
l				
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held
L	expenditure to benefit C/OI	1		
Г	Date	Payee name		
	04/29/2025	Master Donuts		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$19.48	6100 E Riverside Dr Ste 103		
l				
		Austin, TX 78741		
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description  Charles to the state of Tourse Complete School let Tourse Comp
l	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l				Staff meals
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	experientare to benefit 6/01			
l	Date	Payee name		
L	01/14/2025	Mexican American Legislative Caucus		
l	Amount (\$)	Payee address; City; State; Zip Co	de	
l	\$750.00	1122 Colorado St Ste 107		
l		Auctin TV 70701		
$\vdash$	PURPOSE	Austin, TX 78701	<b>/</b> L\	Decarinties
	OF	(a) Category (See Categories listed at the top of this schedule)  Fees	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	1 665		Check if Austin, TX, officeholder living expense
l				Dues
lacksquare	Operation Chilly II	Open distant 10ff as had be		0,50
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held
	•			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how to o	ompl	ete this form.			
1	Total pages Schedule F1:	2	FILER NAME		3	ı	Filer ID	(Ethics Commission Filers)
	Sch: 56/80 Rpt:		Wu, Eugene Y. (The Honorable)			(	00068103	
4	Date	5	Payee name		I			
	03/05/2025		Mi Familia en Action					
6	Amount (\$)	7	Payee address; City; State; Zip C	Code				
	\$242.22		3030 N Central Ave					
			Phoenix, AZ 85012					
8	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Contributions/Donations Made By		Check if travel outsi			
	LXFENDITORE		Candidate/Officeholder/Political Committee		Check if Austin, TX,	ί, α	officeholder living	expense
					contribution			
_	On and the ONLY if diagram		One did to 100 and to				O#: I	.1.1
9	Complete ONLY if direct expenditure to benefit C/Ol		Candidate/Officeholder name Office so	ougnt			Office he	eia
		_						
	Date		Payee name					
	06/23/2025	L	Murphy Express					
	Amount (\$)		Payee address; City; State; Zip C	Code				
	\$38.70		10431 S Post Oak Rd					
			Houston, TX 77035					
	PURPOSE	(a	Category (See Categories listed at the top of this schedule)	(b)	Description			
	OF EXPENDITURE		Transportation Equipment And Related		Check if travel outsi			
			Expense		Check if Austin, TX,	ι, ι	micenolaer living	expense
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office so	<u>l</u> ouaht			Office he	eld
	expenditure to benefit C/O			9				
	Date	Π	Payee name					
	04/18/2025		National Conference of State Legislators					
	Amount (\$)	┢	Payee address; City; State; Zip C	`ode				
	\$755.00		444 N Capitol St NW Ste 515	Joue				
	Ψ133.00		444 IV Capitor St IVV Stc 313					
			Washington DC 20001					
		L	Washington, DC 20001	1				
	PURPOSE OF	(a	Category (See Categories listed at the top of this schedule)	(b)	Description  Check if travel outsi	his	e of Teyas Com	nlete Schedule T
	EXPENDITURE		Fees		Check if Austin, TX,			
					Event registratio	or	1	
	Complete ONLY if direct		Candidate/Officeholder name Office so	ught			Office he	eld
	expenditure to benefit C/O	Н						
_								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

	Candidate/Officeholder/Politica		egal Services	Salaries/V		e /Contract Labor		OTHER (enter a	category not listed above)
	Credit Card Payment	7	he Instruction Guide exp	lains how to co	mple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 57/80 Rpt:	Wu, Eugene	Y. (The Honorable)					00068103	
4	Date	5 Payee name							
	04/15/2025		ference of State Legi	slators					
6	Amount (\$)	7 Payee address	s; City;	State; Zip Co	de				
	\$755.00	,	l St NW Ste 515						
	,								
		Washington,	DC 20001						
Ļ	P.   P.   P.   P.   P.   P.   P.   P.				4.				
8	PURPOSE OF	,	Categories listed at the top of t	his schedule)	(b)	Description	otoi:	do of Toyon Com	plata Cabadula T
	EXPENDITURE	Fees				브		de of Texas. Com officeholder living	•
						Event registra			
						_			
9	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
H	Date	Payee name							
	03/20/2025	•	xar County Democra	ts					
	Amount (\$)	Payee address		State; Zip Co	nde				
	\$100.00	PO Box 7007							
	7_00.00	. 6 26% . 661							
		San Antonio,	TV 79270						
	DUDDOCE				(h)	5			
	PURPOSE OF		Categories listed at the top of t		(D)	Description  Check if travel of	outsid	de of Texas. Com	nlete Schedule T
	EXPENDITURE		:/Donations Made By fficeholder/Political C			<b>=</b>		officeholder living	
						Event sponso	rsh	nip	
	Complete ONLY if direct	Candidate/Office	eholder name	Office sou	ght			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee name							
	03/06/2025	Oseyo							
	Amount (\$)	Payee address	s; City;	State; Zip Co	de				
	\$227.34	1628 E Cesa	r Chavez St						
		Austin, TX 78	3702						
	PURPOSE	(a) Category (See	Categories listed at the top of t	his schedule)	(b)	Description			
	OF	Food/Bevera		,			outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE					ш	TX,	officeholder living	expense
						Staff meals			
					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Office	eholder name	Office sou	ght			Office he	eld
	parameter content of of								

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor

Credit Card Payment	The Instruction Guide explains how to co	-	,
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 58/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4 Date	5 Payee name		
01/13/2025	Pho House		
6 Amount (\$)	7 Payee address; City; State; Zip Co	de	
\$25.11	830 NW Loop 410 Ste 101		
	San Antonio, TX 78216		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T.
		L	Check if Austin, TX, officeholder living expense  Meals
			vieais
Complete ONLY if direct	Condidate/Officeholder name Office cou	abt	Office hold
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul H	gnı	Office held
Date	Payee name		
06/25/2025	Pho Vn 21		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$53.66	5800 Bellaire Blvd Ste 101		
	Houston, TX 77081		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense	[	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		Ļ	Check if Austin, TX, officeholder living expense
		,	Staff meals
Complete ONLY if direct	Candidata/Officeholder name Office cou	aht	Office hold
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul H	gnı	Office held
	<u> </u>		
Date	Payee name		
01/09/2025	Pokeworks		
Amount (\$)	Payee address; City; State; Zip Co	de	
\$95.24	1920 E Riverside Dr # 110		
	Austin, TX 78741		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Food/Beverage Expense	[	Check if travel outside of Texas. Complete Schedule T.
EXI ENDITORE		L	Check if Austin, TX, officeholder living expense
			Staff meals - reimbursed to Adrian Hernandez
Operation Children	Operation to 100% as had down	1	0.65
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soul H	gnt	Office held

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Poli Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 59/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
05/16/2025	Pokeworks
6 Amount (\$) \$97.43	7 Payee address; City; State; Zip Code 1920 E Riverside Dr # 110  Austin, TX 78741
8 PURPOSE	
OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meals - reimbursed to Adrian Hernandez
9 Complete <u>ONLY</u> if direct expenditure to benefit C/	
Date	Payee name
06/12/2025	Port, Anna
Amount (\$) \$1,000.00	
	Washington, DC 20001
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Stipend
Complete ONLY if direct expenditure to benefit C	· · · · · · · · · · · · · · · · · · ·
Date	Payee name
02/10/2025	Prasek's
Amount (\$) \$39.3	Payee address; City; State; Zip Code L 2949 SW I 10 Frontage Rd
	Sealy, TX 77474
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transportation Equipment And Related Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fuel
Complete ONLY if direct expenditure to benefit C	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
vertising Expense Event Expense Loan Repayment/Reimbu

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 60/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/30/2025	Prasek's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$40.29	2949 SW I 10 Frontage Rd
		Sealy, TX 77474
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
		T del
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	05/22/2025	Progress Texas
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	PO Box 162922
		Austin, TX 78716
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Candidate/Officeholder (Political Committee)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	02/05/2025	Qi Austin
	Amount (\$)	Payee address; City; State; Zip Code
	\$210.31	835 W 6th St # 114
		Austin, TX 78703
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Staff meals and beverages
_	Operation ONE V. C. F.	Ora didata (Office hadden grown
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 61/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	01/13/2025	QuikTrip
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$37.32	310 San Pedro Ave
		San Antonio, TX 78212
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
$\vdash$	Date	Pausa sama
		Payee name
	02/12/2025	Reyes, Irma
	Amount (\$)	Payee address; City; State; Zip Code
	\$130.00	3715 S 18TH St
		Austin, TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	_	Check if Austin, TX, officeholder living expense  Reimbursement
		Reinbursement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		
	Date	Payee name
	01/09/2025	Road Trip
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.88	7526 Renwick Dr
		Houston, TX 77081
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Ice for event - reimbursed to Adrian Hernandez
	Complete ONLY if direct	Candidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	· ————	

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 62/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	02/07/2025	SPB Parking
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$45.00	1201 San Jancito
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense
		Expense Check if Austin, TX, officeholder living expense Parking
		- tanking
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	05/27/2025	Santorini Cafe
	Amount (\$)	Payee address; City; State; Zip Code
	\$296.57	11800 N Lamar Blvd
		Austin, TX 78753
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff meals
	Complete ONLY if direct	Condidate/Officeholder name Office county
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2025	Shell
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	630 W US-84
		Fairfield, TX 75840
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Fuel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this f	orm.
1	. •	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 63/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	02/19/2025	Snooze	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$95.68	5000 Westheimer Rd Ste 120	
		Houston, TX 77056	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	1 dou/beverage Expense	ck if travel outside of Texas. Complete Schedule T.
		Staff r	ck if Austin, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		5.11.55
	Date	Dayloo nama	
	03/03/2025	Payee name Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50.26	1000 E 41st St	
	φ30.20	1000 E 415t 3t	
		A	
		Austin, TX 78751	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Onice Overneau/Nental Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		,	/internet
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	H	
	Date	Payee name	
	02/03/2025	Spectrum	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$82.90	1000 E 41st St	
		Austin, TX 78751	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ation
	OF	l ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ck if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Che	ck if Austin, TX, officeholder living expense
		Cable	/internet
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experiulture to beliefft C/OI		

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 64/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/02/2025	Spectrum
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.26	1000 E 41st St
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cable/internet
		Cable/internet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	05/02/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.26	1000 E 41st St
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cable/internet
		Cable/internet
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	04/01/2025	Spectrum
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.26	1000 E 41st St
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Cable/internet
		Cable/lifternet
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 65/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
01/09/2025	Starbucks
6 Amount (\$) \$44.30	7 Payee address; City; State; Zip Code 4400 N Lamar Blvd
	Austin, TX 78756
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meals & beverages - reimbursed to Lillian  Garvens
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/06/2025	Stokes, Elaine
Amount (\$) \$40.00	Payee address; City; State; Zip Code 109 E Pecan St
	Hutto, TX 78634
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Glassware
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
Date	Payee name
05/07/2025	Stokes, Virgil
Amount (\$) \$162.38	Payee address; City; State; Zip Code 559 County Road 2221
	Nacogdoches, TX 75965
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Session gift
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 66/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	04/03/2025	Taqueria Guadalajara
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$193.04	6534 Burnet Rd
		Austin, TX 78757
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff meals
		Stan metas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Date	
	04/16/2025	Payee name Torret
L		Target
	Amount (\$)	Payee address; City; State; Zip Code
	\$129.81	8605 Westheimer Rd
L		Houston, TX 77063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/06/2025	Texaco
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$67.67	35123 Katy Fwy
	40.10.	
		Brookshire, TX 77423
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Fuel
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L	experience to beliefft C/OI	·

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donattons Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Frinang Expense  Legal Services Salaries/Wages/Contract Labor					OTHER (enter a category not listed above)			
	ordan dara raymoni		The Instruction G	uide explains h	ow to co	mple	te this form.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)
	Sch: 67/80 Rpt:		Wu, Eugene	Y. (The Honor	rable)					00068103		
4	Date	5	Payee name									
	06/16/2025		Texaco									
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$41.27		35123 Katy	Fwy								
			Brookshire,	TX 77423								
8	PURPOSE	(a)					(h)	Description				
ľ	OF	(۳)		e Categories listed at l		dule)	(5)	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Expense	on Equipment	Tha Pelatea			Check if Austin,	, TX,	officeholder livin	g expense	
			•					Fuel				
9	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	05/23/2025		Texas AFL-0	CIO								
	Amount (\$)	T	Payee addres	s; City;	State;	Zip Co	de					
	\$1,000.00		PO Box 127	27								
			Austin, TX 7	8711								
	PURPOSE	⊢					(h)	Description				
	OF	(",		e Categories listed at t		aule)	(5)	_ :	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE			Officeholder/Pol	,	ttee		Check if Austin,	, TX,	officeholder livin	g expense	
								Sponsorship				
	Complete ONLY if direct		Candidate/Offic	eholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	H										
	Date		Payee name									
	01/23/2025		Texas Clima	ite Caucus								
	Amount (\$)		Payee addres	s; City;	State;	Zip Co	de					
	\$200.00		PO Box 301	074								
			Austin, TX 7	8703								
	PURPOSE	(a)	Category (See	e Categories listed at t	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE	ı	Fees	o catogonico notos at t	and top of time come.	uu.0)			outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE							<b>—</b>	, TX,	officeholder livin	g expense	
								Dues				
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	eholder name	Ot	ffice sou	ght			Office h	eld	
	Superiord to belieff 6/01											

### SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Gif iittee Le	od/Beverage Expens t/Awards/Memorials gal Services ne Instruction Gu	Expense		kpense /ages/	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1 Total pages Schedule F1: 2 FILEF			ILER NAME						3	Filer ID	(Ethics Commission Filers	5)
	Sch: 68/80 Rpt:	w	/u, Eugene \	/. (The Honora	able)					00068103		
4	Date	<b>5</b> Pa	ayee name									
	03/13/2025	Te	exas House	Democratic C	aucus							
6	Amount (\$)	<b>7</b> Pa	ayee address;	City;	State;	; Zip Coo	de					
	\$10,000.00	P	O Box 12453	3								
		A	ustin, TX 78	711								
8	PURPOSE	(a) C	ategory (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	С	ontributions/	Donations Ma	ade By			<b>=</b>		de of Texas. Com		
		C	andidate/Off	iceholder/Poli	tical Comm	nittee		Contribution	, TX,	officeholder living	expense	
								Contabation				
9	Complete ONLY if direct	L Car	ndidate/Officel	holder name		 Office souç	ght			Office he	ld	
L	expenditure to benefit C/O						_		_			
	Date	Pa	ayee name									
	06/16/2025	Te	exas Young	Democrats PA	٩C							
	Amount (\$)	Pa	ayee address;	City;	State;	; Zip Cod	de					
	\$250.00	50	05 W 12th St	t Ste 200								
		A	ustin, TX 78	701								
	PURPOSE	(a) C	ategory (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE			Donations Ma		:440-		<b>=</b>		de of Texas. Comp		
		C	andidate/Off	iceholder/Poli	ucai Comm	ııttee		Contribution	, 1X,	officeholder living	слреное	
								22.2.000011				
	Complete ONLY if direct		ndidate/Officel	holder name		Office souç	ght			Office he	ld	
	expenditure to benefit C/OI	Н										
	Date	Pa	ayee name				_					
	01/31/2025	ті	he Clay Pit									
	Amount (\$)	Pá	ayee address;	City;	State;	; Zip Cod	de					
	\$459.76	16	601 Guadalu	pe St								
		A	ustin, TX 78	701								
	PURPOSE	(a) C	ategory (See C	Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE	F	ood/Beverag	e Expense						de of Texas. Com		
	-							Check if Austin, Staff meals	, TX,	officeholder living	expense	
								_13				
	Complete ONLY if direct	L Car	ndidate/Officel	holder name		Office soug	ght			Office he	ld	
	expenditure to benefit C/O	Н				·						
_	· · · · ·											

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 69/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/04/2025	The Clay Pit
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$944.07	1601 Guadalupe St
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff meals
		Star meas
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	06/17/2025	Theater District Garage
H	Amount (\$)	Payee address; City; State; Zip Code
	\$15.00	601 Capitol St
	Ψ10.00	out outlier of
		Houston, TX 77002
H	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Transportation Equipment And Related  Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г	Date	Payee name
	01/27/2025	Total Wine
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$406.49	1201 Barbara Jordan Blvd Ste 900
		Austin, TX 78723
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Staff food & beverages
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$	•	

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 70/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	04/28/2025	Total Wine
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$334.39	1201 Barbara Jordan Blvd Ste 900
		Austin, TX 78723
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff food & beverages
		Can look a povolages
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	03/18/2025	Towne Park
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.65	12802 Tomanet Trl
		Austin, TX 78727
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense
		Parking Parking
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Date	
	Date	Payee name
	06/02/2025	Tulum Wellness
	Amount (\$)	Payee address; City; State; Zip Code
	\$150.00	1223 W 34th St Ste A
		Houston, TX 77018
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff gift
		Stan girt
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services		Salaries/Wa		ract Labor		OTHER (enter a	strict a category not listed abov	re)
	Credit Card Payment	The Instruction	on Guide explains h	ow to com	olete th	is form.					
1	Total pages Schedule F1:	2 FILE	R NAME					3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 71/80 Rpt:	Wu,	Eugene Y. (The Ho	norable)					00068103		
4	Date	<b>5</b> Paye	e name								
	03/12/2025	Twin	Liquors								
6	Amount (\$)	<b>7</b> Paye	e address; City;	State:	Zip Code	<u>,                                      </u>					
	\$361.91		E 41st St								
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,										
		Aueti	in, TX 78751								
Ļ					1						
8	PURPOSE OF		Ory (See Categories liste		<sub>dule)</sub> (I		cription	otoi:	do of Toyon Com	poloto Cobodulo T	
	EXPENDITURE	F000	I/Beverage Expens	e					officeholder living	nplete Schedule T. g expense	
						ш	ff meals &			S - 1	
									· ·		
9	Complete ONLY if direct	Candio	late/Officeholder nam	e Of	fice sough	nt			Office h	eld	
	expenditure to benefit C/OI	ł			J						
H	Date	Pave	e name								
	01/06/2025	UPS									
_	Amount (\$)	Pave	e address; City;	State <sup>.</sup>	Zip Code	7					
	\$132.60	•	Westheimer Rd	,							
	7101.00	0000									
		Ноиз	ston, TX 77057								
	DUDDOCE				10						
	PURPOSE OF		Overband/Dental		dule)	_	cription	outsid	de of Texas Com	nplete Schedule T.	
	EXPENDITURE	Onic	e Overhead/Rental	Expense					officeholder living		
						Shi	pping - rei	mb	ursed to Eli	zabeth Connor	
	Complete ONLY if direct		late/Officeholder nam	e Of	fice sough	nt			Office h	eld	
	expenditure to benefit C/OI	ł									
	Date	Paye	e name								
	01/06/2025	US F	Postal Service								
	Amount (\$)	Paye	e address; City;	State;	Zip Code	9					
	\$70.08	6500	De Moss Dr								
		Hous	ston, TX 77074								
	PURPOSE	(a) Cated	GORY (See Categories liste	nd at the ton of this sched	dule) (I	) Des	cription				
	OF		e Overhead/Rental		duic)			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE			•					officeholder living		
						Pos	stage - reir	nbı	ursed to Eliz	zabeth Connor	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		late/Officeholder nam	e Of	fice sough	nt			Office h	eld	
	experience to beliefit 6/01	'									

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 72/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4 Date	5 Payee name
04/28/2025	US Postal Service
6 Amount (\$) \$155.54	7 Payee address; City; State; Zip Code 6500 De Moss Dr  Houston, TX 77074
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Postage - reimbursed to Elizabeth Connor
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date	Payee name
02/07/2025	Uber
Amount (\$) \$283.94	Payee address; City; State; Zip Code 1455 Market St
	San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meals - reimbursed to Kimberly Paige Dodge
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held
Date 06/09/2025	Payee name Uber
Amount (\$)	Payee address; City; State; Zip Code
\$74.22	1455 Market St
	San Francisco, CA 94103
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Staff meals reimbursed to Kimberly Paige Dodge
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Con	<b>S</b>	Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
Ļ	<del></del>	_	<u> </u>	The Instruction Guide explains how to complete this form.					
$ ^1$	Total pages Schedule F1:	ı				3	Filer ID	(Ethics Commission Filers)	
L	Sch: 73/80 Rpt:		Wu, Eugene Y. (The Honorable)			L	00068103		
4	Date	5	Payee name						
I	03/31/2025		Uber						
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de				
	\$3.00		1455 Market St San Francisco, CA 94103	·					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Transportation Equipment And Related Expense		Check if Austin	, TX	ide of Texas. Comp		
					Transportatio	ori			
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name O	ffice sou	ght		Office he	ld	
Γ	Date		Payee name						
I	03/25/2025		Uber						
一	Amount (\$)		Payee address; City; State;	Zip Co	de				
	\$11.76		1455 Market St						
	, <b>°</b>		-						
			San Francisco, CA 94103						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche		(b) Description		ide of T C	alete Cebedule T	
	EXPENDITURE		Transportation Equipment And Related		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
			Expense	Transportation					
					soportatio				
$\vdash$	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name O	ffice sou	aht		Office he	ld	
	expenditure to benefit C/Oh				······		3oc 110	· <del>-</del>	
	Date		Payee name						
	06/02/2025		Uber						
	Amount (\$) \$5.33		Payee address; City; State; 1455 Market St	Zip Co	de				
			San Francisco, CA 94103						
	PURPOSE	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description				
	OF EXPENDITURE		Transportation Equipment And Related		<u> </u>		ide of Texas. Comp		
			Expense				, officeholder living	expense	
					Transportatio	711			
	Operation Only V. "	<u> </u>	David de la 10ff de la 11	.cc: -	-1-4		000	La	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name O	ffice sou	gnt		Office he	Ia	
	Emportance to benefit 6/01	•							
_									

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 74/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	06/02/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.93	1455 Market St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation
		Transportation
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
•	expenditure to benefit C/O	
	Date	Payee name
	05/27/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$6.17	1455 Market St
	Ψ0.17	1400 Market Ot
		San Francisco, CA 94103
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule)  Transportation Equipment And Related  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense
		Transportation
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit eroi	
	Date	Payee name
	05/20/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$11.00	1455 Market St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense Transportation
		Tanoportation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 75/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103
4	Date	5 Payee name
	04/28/2025	Uber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$60.96	1455 Market St
		San Francisco, CA 94103
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Transportation
		Transportation
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OI	
	Date	Payee name
	04/28/2025	Uber
	Amount (\$)	Payee address; City; State; Zip Code
	\$73.37	1455 Market St
		San Francisco, CA 94103
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.
		Expense Check if Austin, TX, officeholder living expense  Transportation
		Transportation
	Complete ONLY if direct	Condidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	03/25/2025	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$353.97	233 S Wacker Dr
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
	<b></b>	Check if Austin, TX, officeholder living expense
		Airfare
_	Complete ONLY !! -!!!	Condidate/Officeholder name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_			
	Sch: 76/80 Rpt:	Wu, Eugene Y. (The Honorable) 00068103				
4	Date	5 Payee name	_			
	04/14/2025	Valero				
6	Amount (\$)	7 Payee address; City; State; Zip Code	_			
	\$39.63	5820 Scott St				
		Houston, TX 77021				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF EXPENDITURE	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense				
		Fuel				
Ļ	0 1: 0 1: 0					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
_			_			
	Date	Payee name				
	05/30/2025	Viva Day Spa				
	Amount (\$)	Payee address; City; State; Zip Code				
\$2,000.00 1811 W 35th St						
		Austin, TX 78703				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense				
		Staff gift reimbursed to Texas House Democratic				
		Caucus				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_			
	expenditure to benefit C/OI	1				
	Date	Payee name	_			
	01/14/2025	Vonlane				
	Amount (\$)	Payee address; City; State; Zip Code	_			
	\$145.00	1200 Louisiana St				
		Houston, TX 77002				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_			
	OF	Transportation Equipment And Related  Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Expense Check if Austin, TX, officeholder living expense				
		Transportation				
	Operation Chilly 2.	Openhildets (Office helder manner				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held				
L			_			

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment		The Instruction Guide explains how	to con	plete th	is form.				
1	Total pages Schedule F1:	2	FILER NAME			3	F	iler ID	(Ethics Commission	n Filers)
	Sch: 77/80 Rpt:		Wu, Eugene Y. (The Honorable)				0	0068103		
4	Date	5	Payee name			· ·				
	04/21/2025		Voodoo Doughnut							
6	Amount (\$)	7	Payee address; City; State; Zip	o Cod	е					
	\$61.60		212 E 6th St							
			Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	<u>. To</u>	b) Des	cription				
	OF EXPENDITURE		Food/Beverage Expense			Check if travel outs	side	of Texas. Com	plete Schedule T.	
	LAFENDITORE					Check if Austin, TX	(, off	ficeholder living	expense	
					Sta	ff meals				
_	Operation ONLY if allowed		Office of the second se		1-4			O#: I	-1-1	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholder name Office	e soug	nt			Office he	eia	
		_								
	Date		Payee name							
	01/28/2025	╙	Vote Yen Rabe							
	Amount (\$)		Payee address; City; State; Zip	o Cod	е					
	\$300.00		9602 Sage Deck Ln							
			Houston, TX 77089							
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	) (	<b>b)</b> Des	cription				
	OF EXPENDITURE	Contributions/Donations Made By  Candidate/Officeholder/Political Committee  Check if travel outside of Texa  Check if Austin, TX, officehold								
			Candidate/Officeholder/Political Committee	9		ntribution	ι, οπ	ncenolder living	rexpense	
					001	ianbation				
	Complete ONLY if direct		Candidate/Officeholder name Office	soua	ht			Office he	eld	
	expenditure to benefit C/O			9						
	Date	1	Payee name							
	01/17/2025		Wal Mart							
		-		o Cod	0					
	Amount (\$) \$785.70		Payee address; City; State; Zip 2727 Dunvale Rd	D C00	e					
	Ψ105.10		2/2/ Dunvale Nu							
			Houseton TV 77002							
			Houston, TX 77063							
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	) [		cription Check if travel outs	obie	of Toyon Com	nlata Sahadula T	
	EXPENDITURE		Office Overhead/Rental Expense		Check if traver outs Check if Austin, TX			•		
						ce supplies		J	•	
	Complete ONLY if direct		Candidate/Officeholder name Office	e soug	ht			Office he	eld	
	expenditure to benefit C/O	Н								

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** 

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to co	mple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 78/80 Rpt:	Wu, Eugene Y. (The Honorable)		00068103
4	Date	5 Payee name		
	01/07/2025	Wal Mart		
6	Amount (\$)	7 Payee address; City; State; Zip Co	ode	
	\$1,070.54	2727 Dunvale Rd		
		Houston, TX 77063		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Office supplies
l				Office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	ıaht	Office held
١	expenditure to benefit C/OI		igiit	Office field
⊨	Date	Payee name		
	05/30/2025	Whataburger		
_	Amount (\$)	Payee address; City; State; Zip Co	nde	
	\$30.84	2111 E Main St	Jue	
	Ψ30.04	ZIII E Main St		
l		Uvalde, TX 78801		
┡	DUDDOCE		(1-)	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense	
l				Staff meals
L				
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ıght	Office held
	experialitire to benefit C/Oi	1		
	Date	Payee name		
	03/12/2025	Wingstop		
	Amount (\$)	Payee address; City; State; Zip Co	ode	
	\$91.63	2407 S Congress Ave		
l		Austin, TX 78704		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
				Staff meals
l				Clair Model
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sou	<u>l</u> ight	Office held
	expenditure to benefit C/OI		-	

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 79/80 Rpt:	Wu, Eugene Y. (The Honorable)	00068103
4	Date	5 Payee name	
	01/29/2025	Zaidi, Ali	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	7019 Water Way Bnd	
		Missouri City, TX 77459	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
		Suj	pend
_	Commists ONII V if diseast	Condidate Office helder name	Office hold
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_			
	Date	Payee name	
	03/04/2025	Zaidi, Ali	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2,000.00	7019 Water Way Bnd	
		Missouri City, TX 77459	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense pend
		301	pend
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	9	Office field
	D-t-		
	Date	Payee name	
	05/01/2025	Zaidi, Ali	
	05/01/2025 Amount (\$)	Zaidi, Ali Payee address; City; State; Zip Code	
	05/01/2025	Zaidi, Ali	
	05/01/2025 Amount (\$)	Zaidi, Ali Payee address; City; State; Zip Code	
	05/01/2025 Amount (\$)	Zaidi, Ali Payee address; City; State; Zip Code	
	05/01/2025 Amount (\$) \$2,000.00	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459	scription
	05/01/2025  Amount (\$) \$2,000.00  PURPOSE OF	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	05/01/2025 Amount (\$) \$2,000.00	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	05/01/2025  Amount (\$) \$2,000.00  PURPOSE OF	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
	05/01/2025  Amount (\$) \$2,000.00  PURPOSE OF EXPENDITURE	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Des	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pend
	05/01/2025  Amount (\$) \$2,000.00  PURPOSE OF	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	O5/01/2025  Amount (\$) \$2,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pend
	O5/01/2025  Amount (\$) \$2,000.00  PURPOSE OF EXPENDITURE  Complete ONLY if direct	Zaidi, Ali  Payee address; City; State; Zip Code 7019 Water Way Bnd  Missouri City, TX 77459  (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  Candidate/Officeholder name  Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense pend

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Co	mmittee	Food/Beverage E Gift/Awards/Mem Legal Services The Instruction	expense orials Expense on Guide explains		ense ges/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2	FILER NAM	 E				3	Filer ID	(Ethics Commission Filers)
	Sch: 80/80 Rpt:		Wu, Eugen	e Y. (The Ho	onorable)				00068103	,
4	Date	5	Payee name							
	05/27/2025		la Madeleir	ne						
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Cod	е			
	\$100.91		4700 Beec	hnut St Ste 6	520					
			Houston, T	X 77096						
8	PURPOSE	(a)	Category (S	ee Categories liste	ed at the top of this sch	nedule) (	Description			
	OF EXPENDITURE			rage Expens					ide of Texas. Com	
	LXI LINDITORL								, officeholder living	expense
							Staff meal	S		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder nam	ie (	Office soug	nt		Office he	eld

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 103/103 2 FILER NAME Filer ID (Ethics Commission Filers) Wu, Eugene Y. (The Honorable) 00068103 8 Amount (\$) Date 5 Name of person from whom amount is received 06/09/2025 Uber \$27.14 6 Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94103 Purpose for which amount is received Check if political contribution returned to filer Transportation - refund Amount (\$) Name of person from whom amount is received Date 01/21/2025 WalMart \$768.52 Address of person from whom amount is received; City; State; Zip Code Houston, TX 77063 Purpose for which amount is received Check if political contribution returned to filer Overhead - Refund for merchandise